	REA D. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	1
BUILDING NO.	S IS A PERMANENT	stated EXACTL	properly classified.	certificate.
THE PROPERTY OF THE PROPERTY O	VRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RE. D. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	NUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ON is very important. See instructions on back of certificate.
	VRITE PL.	tion should b	VUSE OF DE	ON is very in

STATE OF MA	ARYLAND-	CERTIFICATE OF DEATH	12038
1. PLACE OF DEATH		(173)	
County monly owners		Registration Dist. No	218
Village or City News Langton		NoSt., death occurred in a hospital or institution, give its NAME instead of street a	and number)
Length of residence in city or town where death occurr	edyrs,mos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Anne	uce .	If U. S. Veteran, specify WAR	
(a) Residence: No. / Assault (Usua	i place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	1
	ORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Current		22. I HEREBY CERTIFY That Lattern	ded deceased from
6. DATE OF BIRTH (month, day, and year)	1895 /	I last saw h. alive on // / 193	2 : death is said
7. AGE Years Months Da	ys   If LESS than   1 day,hrs.   ormin.	to have occurred on the date stated above, at	
8. Trade, piofession, or particular kind of work done, as SPINNER, Leveny SAWYER, BOOKKEEPER, etc.	6 Layerd	Celebral Heman Goal -	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. findustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11.	•		
10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	on DC	Other Contributory Causes of importance:	.1-15-5
13. NAME lustrown		Chull + Bran	
13. NAME CONTROL 14. BIRTHPLACE (city or town)		Name of operation Date of	of
(State of Country)	wi	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide?	wlng: 5-,19-3.7
17. INFORMANT Joseph allen - (Address) 2 / 7.3 7 March	Rephus ned	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place A Complete Control Control	4 18, 1937	Manner of Injury Afte or Vistal  Nature of injury Sterill & Bran	8tuto
19. UNDERTAKED Parties (Address)	myhrse	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	
20. FILED 11/19 1937 abruda	J. Gooke Registrar.	(Signed) A 3- Many (Address) A Many (Address)	m. D.
If more blanks are no	eded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II		
The principal cause of death and relation of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importa	nce:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

should state

Exact statement of OCCUPA.

A PERMANENT RECORD. Every item of infor-

FOR BINDING

ARGIN RESERVED

B.-WRITE

ż

1	PLACE OF DEATH	(82:2)
1121	Village or City Ta Roma Park	No. 44 Sycamore Was St., Wa
	(If	death occurred in a horpital of institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
2	(a) Residence: No. 944 Sacamore, St.	If U. S. Veteran, specify WAR
	(Usual place of abode)	If nonresident give city or town and State
3. S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
10	male white OR DWORCED (ravice tha word)	21. DATE OF DEATH . 2-2, (Day) (Name) (Day) (Name) (Page) (Name)
58.	If married, widowad, or divorced HUSBAND of (or) WIFE of Chustoffer anderson	22. July 9 CERTIFY, That I attended deceased for the standard deceased
6. E	DATE OF BIRTH (month, day, and year) SOFT 14-1867-  GE Years Months Days If LESS than	Hast saw h aliva on 2, 1937; death is s to have occurred on the data stated abova, at 5 m.
•••	70 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOL	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	arterio-selerus
CUPATION	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
ö	10. Data dacaasad last workad at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Washing Am. (Stata or country)	Other Contributory Causes of Importance:
FATHER	13. NAME William Esperteins	
FAT	14. BIRTHPLACE (city or town) Jewn Comp (State or country)	Name of operation Date of Was thera an autopsy?
MOTHER	15. MAIDEN NAME Forusa Meisch	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
MO MO	16. BIRTHPLACE (city or town) — Lessen amy (State or country)	Accident, suicide, or homicide?
17.	INFORMANT Filderich (Inderson Son)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OF REMOVAL Dete 11-2, 19.7)	Manner of injury
19.	UNDERTAKER (1) Whamker to (Address) 1400 Tohin LIVIW Mash DO	24. Was disease or injury in any wey related to occupation of daceased?
20.	FILED 11-22:1937 Helm podl	(Signed) Stillly (Address) (A F / 4 5 % A ) www.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago
Arteriosclerosis	1915	Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE THE WAS A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	72-20
Village or City Like Ana Park ma.	No. Washington Sau 4 Hasfertif Ward
Length of residance in city or lown where deeth occurredyrsmos	death occurred in a horpital of institution, give its NAME instead of street and number)
2. FULL NAME Mrs. Virginia andes	
(a) Residence: No. R. F. D. #2 (Usual place of abode)	St., Ward. alexandria Virginia // If nonresident give city or tofn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word)  The married, widowad, or divorced HUSBAND of	21. DATE OF DEATH  Navember /4 , 1937.  (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  If LESS then I day, hrs. or min.  8. Trede, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decaased last worked et this occupation (month and year)  11. Total tima (years) spent in this occupation. 3 year  12. BIRTHPLACE (city or town) Washington D. C. (State or country)	22. I HEREBY CERTIFY, That I attended daceased from  Nounder 7., 1937, to November 15, 1937  I last saw hev. alive on 1942 m ben 15, 1937, death is said to heve occurred on the date stated above, at 103° p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Other Contributory Causes of Importanca:
14. BIRTHPLACE (city or town) Washington D.C. (State or country)	Name of oparetion
15. MAIDEN NAME In abel Steele  16. BIRTHPLACE (city or town). Windlester, Va.  (State or country)  17. INFORMANT Washington Sanitarium, Record.  (Addrass) Takking Fash Mat.	23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place VIA 3 G Data 1/-14 ,192)  19. UNOERTAKER ME Davider (Address) 28/9 - 14/14 Bod V  20. FILED 1/-15 ,193) - 14/14 Bod V  20. FILED 1/-15 ,193)	Mennar of Injury  Nature of Injury  24 Was disease or Injury In any way related to occupation of decaased?  If so, specify  (Signed)
Registrar.	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FE TALL YOUR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR FURT	THER STATEMENTS	S BY PHYSICIAN	

V. S. No. 1

should state

# STATE OF MARYI AND-CERTIFICATE OF DEATH

- 4	63	69	A	4
- 3	2	10	a	-1
J	4	V	16.	4

County. Mont gamers. QxX May and No. Was bawas and No. Was dates and No. Was bawas and No. Was dates a	1. PLACE OF DEATH	108
Langth of residence in city or form where death occurred 10. yr	Village or City To Folia dy K Maryland	No. Washington Sonitorium & Hoop to Ward
(a) Residence: No. 9 Trummand Hue  (Clustalphee of shoot)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (Color or Race  Shince Market Deptath  2. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  3. SEX  (Homitic Widowed, or diversed by the color of the word)  5. Himstried, widowed, or diversed by the color of the color of the word of the	Length of residanca in city or town where daeth occurred_70_yrs,mos.	
3. SEX	(a) Residence: No. 9 Drymmand Hue.	st, Ward. Cheur Chase, maryland
Sa. If married, widowed, or divorced   HUSAND of (Worth)   193   1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Walter Hppleby  E. DATE OF BIRTH (month, day, and year) Counter 25, 185  7. ACE Years Months Days If LESS than Iday	Temale white OR DIVORCED (write the word)	Ylovember 8 193
8. Trede, profession, or particular kind of work doing as SPINNER, SANYER, BOOKKEPER, etc.  9. Industry or business in which work was doing as SPINNER, SANYER, BOOKKEPER, etc.  10. Dete deceased last worked at the work was doing as SILK MILL, GOWN How Spent in this years of the work was doing as SILK MILL, SWAM MILL, BARK, etc.  11. Dete deceased last worked at the work of the work was doing as SILK MILL, GOWN HOLL, SWAM, etc.  12. BIRTHPLACE (city or town) Was hinched with the work was doing as SILK MILL, GOWN HOLL, SWAM, etc.  13. NAME  14. BIRTHPLACE (city or town) Was hinched with the work was doing as the work of importance:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Was hinched with the work was due to externed causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Was hinched with the work was due to externed causes (VIOLENCE) fill in also the following:  17. INFORMANT Was hinched with the work of the work of injury.  18. BURNAC, CREMATION, On REMOUNT  Place Calaar Walk County Date Many And State)  19. UNDERTAKER With Removed to externed causes (VIOLENCE) fill in also the following:  19. UNDERTAKER With Removed to externed causes (VIOLENCE) fill in also the following:  19. UNDERTAKER With Removed to externed causes (VIOLENCE) fill in also the following:  19. UNDERTAKER With Removed to externed causes (VIOLENCE) fill in also the following:  24. Was diseased or injury in any way related to occupation of deceased?  19. UNDERTAKER With Removed to externed causes (VIOLENCE) fill in also the following:  24. Was diseased or injury in any way related to occupation of deceased?  19. UNDERTAKER With Removed to externed causes (VIOLENCE) fill in also the following:  24. Was diseased or injury in any way related to occupation of deceased?  25. FILED With a substitute of the work of the wor	6. DATE OF BIRTH (month, day, and year) December 25, 1857  7. AGE Years Months Days II LESS than	November 4, 1937, to November 7, 1937 I last saw h. ex alive on November 8, 1937; death is said to have occurred on the data steted abova, at 3:30 p.m.
12. BIRTHPLACE (city or town). Washington, DC.  (State or country)  13. NAME  14. BIRTHPLACE (city or town). Washington, DC.  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Washington, DC.  (Stela or country)  17. INFORMANT Washington, DC.  (Address)  18. BURNAL, CREMATION, OR REMAINS  Place Cedar Visit Country  19. UNDERTAKER WM. Remains  (Address)  20. FILED 11-9, 1937  (Signed)  Manner of Injury.  19. Who did not occupation of decessed?  (Signed)  M. D.  (Address)  M. D.	8 Trade profession or particular	wara es follows Date of onset/
13. NAME  14. BIRTHPLACE (city or town) Was hin care Detection  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Was hin care Detection  (Steta or country)  17. INFORMANT Was hington Detection  (Steta or country)  18. DURHAL, CREMATION, OR REMODAL  Place Ledan Hill Lengthpate Nov 9 1937  19. UNDERTAKER WM Remodel  (Address)  (Signed)  (Signed)  (Address)	12. BIRTHPLACE (city or town) Washington, D.C.	Other Centributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? If the substitution of deceased? Was diagnosis? Was there an autopsy? If the substitution of deceased? Was there an autopsy? If the substitution of deceased? If so, specify was diagnosis? Was there an autopsy? If the substitution of deceased? If so, specify was diagnosis? Was there an autopsy? If the substitution of deceased? Was the subst		
15. MAIDEN NAME  16. BIRTHPLACE (city or town) W. Q. S. Mandon W. C.  (Steta or country)  17. INFORMANT D. S. Mainten Common Com	14. BIRTHPLACE (city or town) Washington, D.C.  (State or country)	
18. DURIAL, CREMATION, OR REDOUGH Place Cedar Hill Countybate Nov 9 , 1937.  19. UNDERTAKER WM Pluben Purphase:  (Address) Bithuda And Grand Gra	17. INFORMANT Dashington Danitarium Records	23. If deeth was due to axternel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
20. FILED 11-9, 1937 M. D. Registrar. (Address) Washington Southern M. D.	18. DURIAL, CREMATION, OR REMOVAL	
20. FILED (Address) Washington South	19. UNDERTAKER WM Reuben Punjshey: (Address) Bethuka Amg.	
	Registrar.	(Address) Washington Sonitamin

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	.9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

VRITE PL

ż

V. S. No. 1

#### CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
county Montgomery	093
Village or City La Koma Park, Maryland	Registration Dist. No.  NoWashington agnitarium & Hosa, tal Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	s. 3. ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. Ocho Heights May ya
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH November 29, 1937 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 16, 1854	November 28, 1937, to November 29, 1937  Hast saw her alive on November 29, 1937; death is said
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the dete stated above, at
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None	Roucho-kneumonia Cy
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and separation this sec	Cay
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Washington County  (State or country) Maryland	Lendity.
# 13. NAME Owen Hrdington	
13. NAME (Owen Hrdington)  14. BIRTHPLACE (city or town) Cenns y Way (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autoesy
# 15. MAIDEN NAME Collen Mave	23. If death was due to external causes (VIOLENCE) fill In also the following.
15. MAIDEN NAME TO Lew Mave  16. BIRTHPLACE (city or town) Fall were water ?, Vivginia  (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Was hington Sanitarium Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Willsamsport Mais Dec. 2, 1937	Manner of Injury
19. UNDERTAKER The S.M. N. Mines C. (Addiess) 2901-14 Sf.m. W. Work. D.C.	24. Was disease of injury in any way related to occupation of deceased?  It so, specify.
20. FILED. 1/ 30 , 19 3) 10 mall Registrate	(Signed) Com D. (Addressly Com
If more blanks are needed, addres State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	il	Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
DEC 6 1937 \\					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
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should state

of OCCUPA.

RD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. -WRITE PL

1. PLACE OF DEATH  County Montgomen	51-20	
County Montgomen		
Village or City Jahoma Park	No. 24 - Columbia and St.,	3 - Ward
Length of residence In city or town where death occurred	f death occurred in a horpital or institution, give its NAME instead of street and numbe  sds. How long in U.S. if of foreign birth?yrs,mos	er) ds.
2. FULL NAME Robert Les Breseto	no	
(a) Residence: No. 24 - Columbia and	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH November 7 (Day) (193)	37 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decea July 18, 1937 to Nov. 7.	sed from
6. DATE OF BIRTH (month, day, end year) Pully 6. 1863	I last saw h_imelive on Nov. 7, 19.37; dea	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:04 Pm.	
74	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Bet Watel SAWYER, BOOKKEEPER, etc.	Carcinoma of	
kind of work done, as SPINNER, Ret. Wallet SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Business .  10. Date deceased last worked at this occupation (months and	Prostate gland 19	135
10. Date deceased last worked at this occupation (month and year) this occupation		
12. BIRTHPLACE (city or town) Wash, (State or country) 20, C,	Other Contributory Causes of importance:	
13. NAME Wm. Temy Brereton		
13. NAME Wm. Kenny Brereton  14. BIRTHPLACE (city or town) Wash.  (State or country) W. P.	Name of operation	. 22 0
IS. MAIDEN NAME Grailma Jaylos.	What test confirmed diagnosis?	y /
15. MAIDEN NAME Gorgilma Jaylor.  16. BIRTHPLACE (city or town) Patterville (State or country)	. Accident, suicide, or homicide? Date of injury,	19
17. INFORMANT Javish Breseton (Address) 24 - Columbia and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Corn breese Date 200, 9, 1927	Nature of tnjury	
19. UNDERTAKER Marie & Vinibarry (Address) Silver Advisor Mr.	24. Was disease or injury In any way related to occupation of deceased?	0
20. FILED 11/8 , 1937 J Flish Will Registrar.	(Signed) Charles 7. Carroll (Address) 6801-6th St., N.W., Wash	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		DEC. 9: 1831		
Other contributory causes of importance:	14 4000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		1929

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	126:
County Mantgamery	Registration Dist. No. 223 -
Village or City Jakons Park Md. (if	No. Washington San and Haskistel Wardeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurred 23_yrsmos.	ds. How long in U. S. if of foraign birth?yrsds
2. FULL NAME Mr. Has well Buy ant (a) Residence: No. 22 Heckory and (Ufusipiace of abode)	St., Ward. Jakoma Face Md.  If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  Male White Markied.	21. DATE OF DEATH  November 14, 1937 (Month) (Day) (War)
a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs. Marquerite Bryant.	22. I HEREBY CERTIFY. That i attended daceased from November 2, 1937, to November 14, 1937
DATE OF BIRTH (month, day, and year) December 28/885	i last saw ham alive on Manualle 13 , 1937; daath is sai
AGE Years Months Deys If LESS than	to hava occurred on the date stated above, at 6:1.5 A.m.
5 51 11 16 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and raiated causes of importance ware as follows:
OR Trade profession or particular	1 Date of ones
sawyer, BODKKEEPER, etc. Gatent Examiner	Hemashage from 1da
kind of work dona, as SPINNER, Jotest Egamier  SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (months end	Ald duodental ulcer
SAW MILL, BANK, etc. 11. You to Commerce dela.	
year) 10-16-37 occupation 174%.	and Thee Maderallier
2. BERTHPLACE (city or town) New york city	Chronic Cholecyplitis 490
(State or country)	On Cholelithiasis IT
13. NAME William Culbu Bry nut	multiple placesses - De mes
13. NAME William Culbu Bryant  14. BIRTHPLACE (city or town) Haver, Mass.	Name of operation of bell thanker affender that or how
(State or country)	What test confirmat olagnosis? I way and Was there en eutopsy?
15. MAIDEN NAME Que (1 bloott	23. If death was due to external causas (VIOLENCE) fill in elso the following:
2 14	
16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide? Date of injury 19
· · · · · · · · · · · · · · · · · · ·	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Washington Santarum becards	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place VI 9 4 h. DC Date 11-14 , 193)	Neture of injury
9. UNDERTAKER S. 77. Heines Co. (Address) Z806 (4 86 W.W.	24. Was diseesa or injury in any way related to occupation of deceesed?
(MUII 023) 2 7 0 / \ / 4 0 \ \ / W \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ļi.	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance?  Gastroenteritis	1 year			
			937			

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH 12045
1. PLACE OF DEATH	(13)
County Montgonery	Registration Dist. No. 216
Village or City Chery Close	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert Enger Bur	If U. S. Veteran, specify WAR More
(a) Residence: No. 3 Mewlouds (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Very)
5a. If married, widowed, or divorted HUSBAND of Challed Lee Burks	22. I HEREBY CERTIFY, That I attended deceased from
	Much 13, 1986, to November 26, 1934
6. DATE OF BIRTH (month, day, and year) $0cl-27-1864$	Hast sawhin alive on Manage Lee, 1937; death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at. 12125 199.
d~ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	for the second second
	A floring loclusion 1/24/3
9. Industry or business in which work was done, as SILK MILL, Lerhiture SAW MILL, BANK, etc	1/4/ 1/1
10. Date deceased last worked at this occupation (month and 1923   11. Total time (years) spent in this occupation was possible.	Welles Ackers Andy
R	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Aggregation of the second
	repheroclinas
14. BIRTHPLACE (city or town)	
4 I4_BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
w / / / /	What test confirmed diagnosis? Stord Yursen. Was there an autopsy? Wo
I 15. MAIDEN NAME Minerva / Trassally	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Control)	Where did injury occur?
17. INFORMANT William () Junks (Address) // 20 -/3 th Communication	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place //ash Date //av, 26 ,1937	Nature of injury
19. UNDERTAKER OSEPH Lawlers Jons	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1756 Pa. are huy	If so, specify
20. FILED NOV. 26-, 19 Thomas ( Coma a Registrar.	(Signed) M. D. M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Whe Legto B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis pro 4 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1 N. B.- of OCCUPA-

# STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-20
County montgomen	Registration Dist. No. 217
Village or City Laskill	NoSt., Ware
	if death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME Trank ). Burriss	If U. S. Veteran, specify WAR
(a) Residence: No. Southell (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
make White OR DIVORCED (wing the word)	no 2 193 7
e. If married, widowed, or Aivorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad from
Jenan Julias.	7/19, 1939, to 11/2/, 193
. DATE OF BIRTH (month, day, and year) lung 16, 1880	I last saw hat alive on
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 m.
57 2 18 Iday,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	10
SAWYER, BODKKEEPER, etc	barone Myscardeles 2/1/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0 //
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
this occupation (month and 1837 spent in this life	
he for	Other Contributory Causes of importance:
(State or country)	6 - 7 - 6 - 1 - 11 - 17
	active varalese public 1/12/
1,000	2000
(Stata or country)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Con Elley Rimes  16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOL ENCE) filt in also the following:
	Accident, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
7. INFORMANT Of Lehand 1 Sugres.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 8. BURIAL, CREMATION OR REMOVAL	The state of the s
Place of Johns of Data hor 4 1931	Manner of Injury
The state of the s	Nature of injury.
9. UNDERTAKER With Supply July	24. Was disease or injury in any wey related to occupation of deceased?
(Address) of october the	If so, specify
10. FILED Row 2 , 1937 C. 8/3 ausly	(Signed) M
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		
f death and related causes follows:	Date of onset	
	1 week ago	
	1 week ago	
	3 days ago	
uses of importance:	1 year	

"

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING SAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLANTY, WIT

V. S. No. 1

IION is very important. See instructions on back of certificate.

CTATE	OF	MADVI	ANID	CERTIFI	CATE	OF	DEATH
SIAIL	OF	MARYL	ANU-	CERIII	CAIL	UF	DEAIL

1. PLACE	OF DEATH			र्ह्मण्डी	
County_	montgomen			Registration Dist. No.	214
Village o	or City Wheaten -		and think	NoSt.,	Ward
		/	-	death occurred in a hospital or institution, give its NAME instead of street and	
Length of	rasidance in city or town where	n		ds. How long in U.S. If of foreign birth?yrsm	osds.
2. FULL	NAME Mary po	we Buer	res	If U. S. Veteran, specify WAR	•••••
(a) Resi	dence: No. Whea	lon		St.,Ward.	
		(Usual place		If nonresident give city or town and	State
	ONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	RIEO, WIDOWEO, (write the word)	21. DATE OF DEATH  November 25  (Month) (Day)	, 193 7
5e. If married, w	idowed, or divorced	-	4	(month) (bay)	(1001)
HUSBANO ( (or) WIFE (	of			22. I HEREBY CERTIFY. That I attanded	deceased from
		,	0 1	(luguest 15 , 193/, 10 Mm d)	, 19.2/
6. OATE OF BIR	TH (month, day, and year)	2221	931		.; daath Is aaid
7. AGE	Years Months	Deys	If LESS than I day,hrs.	to have occurred on the dete stated above, at \$220Am.	
	5 11	3	ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wage as follows:	Date of onset
Z 8. Trada, p	rofassion, or particular of work dona, as SPINNER,	-00		Dian lumos ; longo ousto	1935
SAW	YER, BOOKKEEPER, etc	Child		Beneleopnementa	11-18-37
9. Industry	or business in which was done, as SILK MILL, MILL, BANK, etc				
	MILL, BANK, etc ceasad last worked et	11. Total ti	ma (vaars)	Tumor of the hypotohysis a Barigal . Duras-	
	occupation (month and	sper	ma (yaars) It in this I pation	tion two years	
	De.a.			Other Contributory Causes of Importence:	
tz. BIRTHPLACI	E (city or town)			- On antopsy was denrede	
1 .	1 111	al R	•		-
13. NAME	red Thereson	a deel	w		
4. BIRTHPL	ACE (city or town)	your		Name of operation	
(318)	te or country)	T. 19		What test confirmed diegnosis? Seedel was there an	
15. MAIDEN 16. BIRTHPI	NAME Vagges	allesie	mes.	23. If death was due to external ceuses (VIOLENCE) fill In elso the followin	
5 16. BIRTHPI	LACE (city or town) rue	e 6 eo. (	ountry	Accident, suicide, or hamicide? Dete of Injury	, 19
≥   (Sta	ta or country) m	ol.	/	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT	Jalles: Fred 6	Burns		Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	ACE.
(Address		9, Ju.	del.		
0	MATION, OR REMOVAL	2 mod	2737	Manner of Injury	
Place	Jane 1	Date	, 192-	Nature of injury	
19. UNDERTAKE	R Manuale	elung	huy	24. Wes diseese or injury in any way related to occupation of deceased?	UD
(Addrass	1) Jochni	LE /	1	If so, specify	
20. FILEO ho	v. 27 1937 Ma	reare LC	Tremear	(Signed) Wilkers Cogels	M. O.
20, 1,220-1,328.		Lo	Al, Registrar.	(Adgress) Lusungton, Md	
	If more	blanks are needed,	address State Registrar	2411 N. Charles Street, Baltimore, Requestire U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 9	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. July 5,1927	Perilonilis	3 days ago
BUNE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	STATE OF MARYLAND	CERTIFICATE OF DEATH
E ts E	1. PLACE OF DEATH	23
Pag 3	County 10 mgamery	Registration Dist. No. // 2
sho of o	Village or City Jakomy Sart Manyand	No. Washington San + Washittel Ward death occurred in a horpital of pastitution, give its NAME instead of atreet and number)
NS NS	Length of rasidence in city or town where daeth occurredyrs/	3. ds. How long in U.S. if of foreign birth? 7. yrs. 2. mos. ds.
CIA	2. FULL NAME Miss Emilia Carlson	If U. S. Veteran, specify WAR
TYSI stat	(a) Residence: No. 254 Jallymon (Unl (Ufual place of abode)	St., Ward. Crestwood, New York
P. P.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH  (Month) (Day) (Year)
ANE; CT]	5a. If married, widowad, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY, That i attended dacaasad from
KM X A clas	20 0 1009	Seft 29 19.37 10 nov. / 19.37
PEI E ate.	6. DATE OF BIRTH (month, day, and year) May 19, 1889 7. AGE Years Months Days if LESS than	i last saw h.L.V. alive on
IS A PI stated I properly certificat	11 \( \) \(	The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS A state prop certifi	8. Trade profession or particular	ware as follows:
HIS be of	8. Trade, profassion, or particular kind of work done, as SPINNER, Slouse work in (SAWYER, BOOKKEPER, etc	leute Milian
ould may back	kind of work done, as SPINNER, Souse work in SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decasaed last worked at 11. Total time (waars)	Tulredo Dadin Nev
VK-T should it may n back		Contract of month
IG IN THAT THAT	this occupation (month and 9, 1937 spent in this 8 yrs.	
AC AC thou	12. BIRTHPLACE (city or town) Finland	Other Contributory Causes of importance:
NFADING plied. AGI rms, so tha	(State or country)	Intereular Menenciles - Can
NF plie rm nst	13. NAME M. John Carlow	
t the	14. BIRTHPLACE (city or town) ? Jinland	Name of operation ouselle torny Date of
D 62	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
WI refull in pl ant.	15. MAIDEN NAME Mary Kellfalk	23. if death was due to external causes (ViOL ENCE) fili In also the following:
LY, be car ATH nports	o 16. BIRTHPLACE (city or town) timeland	Accident, suicide, or homicide? Date of injury
be BA7 imp	(State or country)	Whera dld Injury occur?(Specify city or town, county and State)
hould OF DI	17. INFORMANT Washington Strailanum (Cronde (Address) Taking Purh Mil.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E w W	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
-WRIT mation CAUSI TION	Place Working Opte Date 1937	Natura of injury
mation CAUS TION	19. UNDERTAKER W. W. Chambes J. M. Leiger (Address) 1400	24. Was disease or injery in any way related to occupation of decased?
m ( )	TILE DELLE STATE	(Signed) Lead U Colly W.D. M.D.
z	20. FILED // 2 , 1937 FILE TOUR NOW Registrar.	prograteona lark, Md.
	If more black are add allow Sear British	N. Charles Comp. P. Johnson, P. J. C. M.

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

(State or country)

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER .. Tonest (Address)

20. FILED / 17 27 19.3

15. MAIOEN NAME

17. INFORMANT \_\_\_\_\_

(Address)

MOTHER

BINDING

Hawkins

Clarksburg

What test confirmed diegnosis?\_\_\_\_\_ Wes there an eutopsy? 23. If death was due to externel ceuses (VIOL ENCE) fill In elso the following:

(Day)

Accident, sulcide, or homicide?

Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,

Menner of injury

24. Wes disease or injury in any way releted to occupation of deceased?

if so, specify

(Address) It ama

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Chronic interstitial nep	hritis U	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I STATE V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA-

of

should

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Montgomery Registration Dist. No. Dickerson. ND. St., St., (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. ds. How long in U.S. if of foreign high? MRS. EVA W. CHISWELL 2. FULL NAME If U. S. Veteran, specify WAR Dickerson. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) White 5a. If married, widowed or divorced HUSBAND of ERTIFY. That I attended deceased from J. Chiswell (or) WIFE of Edward 6. DATE OF BIRTH (month, day, and veer) Oct. 7. AGE If LESS than Months Davs to have occurred on the date stated above, at \_\_\_\_ 1 dey, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 19 or .... min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_\_ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... 1D. Date deceased last worked at II. Total time (years) this occupation (month and occupation .... instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). Maryland. (State or country) 13. NAME Lawrence Allnutt FATHER See 14. BIRTHPLACE (city or town). Name of operation (State or country) Marvland MOTHER 15. MAIDEN NAME Eleenor White. important. 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town)\_ (State or country) Maryland Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Warner E. Pumplirey. Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Rockville. (Address) 18. BURIAL, CREMATION, DR REMOVAL Neture of Injury LION 24. Was disease or injury in any way related to occupation of deceased? (Address) Rockvi If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Streef, Baltimore, Requesting V. S. No. 1.

12050

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Ccrebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE (	OF MARYLAND—	CERTIFICATE OF DEATH	VUUL
1. PLACE OF DEATH		7	17
County // // //	go	Registration Dist. No. 🗻	
Village or City Olm	fry . I	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Langth of rasidence in city of town whara		ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Han	1. to-fo		
	70000	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	Ward.  If nonresident give city or town ar	d State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH	., 193 7
5a. If married, widowad, or divorced	· March	(Month) (Day)	(Tear)
HUSBAND of (or) WIFE of		22.   I HEREBY CERTIFY, That i attendar	d deceasad from
1	1 = 120.	11/57 ,19.57, to 11/7/	193.7
6. DATE OF BIRTH (month, day, and year)	nly 7-1880	t last saw h. T. Calive on	Z_; daath is sal
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated ebova, at 3.34. Wim.	
60 4	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	Date of onse
8. Trade, profession, or particular	han-	Α	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1.1970	Influnga	10 do
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.		J	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years) spant in this occupation		
7/	3	Other Centributery Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)	O	A Di Pasemoni	- 5-4
1	Cole.	14cman - Violatata	Sac
	1/a	- mi	
(State or country)		Name of operation Date of	***********
	monting	Whet test confirmed diegnosis? Was there an	
	- Mary	23. If death wes due to externel causes (VIDL ENCE) fill In elso the following	
O 16. BIRTHPLACE (city or town) (State or country)		Accidant, suicida, or homicide? Dete of Injury	, 19
Ba Och To	of n	Where did injury occur?(Specify city or town, county and St	
17. INFORMANT	1	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL CREMAPION, OR REMOVAL	a no the	Manual of Indiana	
Place ause Im	1 Date 1/2 19 19 3	Menner of injury	
Lloubs		Nature of injury	7
19. UNDERTAKER	a was	24. Was diseasa or injury in any way related to occupation of dacaasad?	100
(Address)	C D PINO	If so, specify	
20. FILED.//- 193/ C.	S. Bausly	(Signed)	In.M.

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Cerebral hemorrhage	DEC 4 1937	July 5, 1927	Peritonitis	3 days ago
	XIAN AU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

19. UNDERTAKER (Address)

STATE OF MARYI	LAND—CE	RTIFICATE	OF DEAT	H 1205
County Montgomers  Village or City Cedar Variable	Re-m	Damasi	Registration Dist	. No. 2//
Length of residence in city or town where death occurred	yrs mos			ead of street and number)
(a) Residence: No. (Usumi place of d	(bode)	St.,Ward.	If nonresident give	city or town and State
PERSONAL AND STATISTICAL PARTICL	JLARS	MEDICAL	CERTIFICATE O	FDEATH
5. SINGLE, MARRIEI OR DIVORCED (2		DATE OF DEATH	Month)	(Oay) 193
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  Peter Cores	l - 22.	Oef 30	Y CERTIFY,	Thet 1 attended deceese
	If LESS than to 1 day,hrs. Th	est saw h		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11 Total time.	(e. 6	re as follows: Irterio –	Selema	Date Date
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year)  11. Total time spent in occupation occupation.	(years) n this			
12. BIRTHPLACE (city or town) J. J. elgan. (State or country)	00	her Contributory Causes of Im	portance:	
13. NAME Joseph. France	Heco-			
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Na Na	me of operation		Date of
(State of Country)	//	at test confirmed diagnosis?_		
15. MAIDEN NAME many of ta	Ac	If deeth was due to external c cident, sulcide, or homicide?_ ere did injury occur?	Date	of Injury, 19
17. INFORMANT (Address) 1333 Ceafast	L how sp	ecify whether injury occurred	(Specify city or town In INDUSTRY, In HOME,	or in PUBLIC PLACE,
18. BURIAL, CREMATION, DR REMOVAL TWO Date True 1	10 1027	ture of Injury		••••••
19. UNDERTAKER & Confactory	24.	Was disease or injury in eny	way related to occupation	of deceased? . ?

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Registrar.

so, specify

(Address)

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Chronic interstitial nephriti	8	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	2	July 5,1927	Peritonitis	3 days ago	
Other contributory cause	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

County Mangamery	Desintantian Dist. A	
100 00 11 20 Bealle	Registration Dist, F	No. 2/3
Village or City  Length of residence in city or town where death occurred Life In	No.  (If death occurred in a hospital or institution, give its NAME insteations	
2. FULL NAME Mary Jours Co. (a) Residence: No. Workwill Mr.	If U. S. Veteran, specify WAR	
(Usual place of abode)	If nonresident give cit	The second secon
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)	21. DATE OF DEATH	Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, The Most, 10 1937 to M	
DATE OF BIRTH (month, day, and year)	193 Past saw her alive on 2007.	, 19-37, death is said
AGE Years Months Day If LESS than I day,h ormin.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this occupation (month and spent in this occupation (month and spent in this spent in this spent in this occupation (month and spent in this spent in th	- Browleformana	200.87
9. Industry of Dustriess in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) Softwall (State or country)		12-1
13. NAME James Don	- Malanina,	04./3
14. BIRTHALACE (city or town) M. Sof	Name of operation	Date of
15. MAIDEN NAME House Covall Coo	11 12/ If death was due to external causes (VIOLENCE) fill in als	
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?	
7. INFORMANT Florence Cooper mol	Where dld injury occur?	county and State) r In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL  Piece Cottles Date 7100 13, 193	Manner of Injury	
9. UNDERTAKER Prochest & Suousle	24. Was disease or injury In any way related to occupation o	f deceased? 200.
0. FILED // - / 3", 1937 Mars. W.J. Prece Registrar.	(Signed) (Address)	Legend M.D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

19057

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	5. //			
	//			
Other contributory causes of importance:	1/	Other contributory causes of importance:	(F)	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

D. Every item of infor-MARGIN RESERVED FOR BINDING
LY, WI UNFADING INK—THIS IS A PERMANENT RE N. B.-WRITE PL.

1. PLACE OF DEATH	ERTIFICATE OF DEATH
County // only omery	Registration Dist. No. 2/6
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
£ 0 0 1 (1	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Journe Bills 1	If U. S. Veteran, specify WAR
(a) Residence: No. 1, T. N. (Stutte Mice Mice (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH JUN EMBER 9 193 7 (Year)
Sa If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Host saw h 22 alive on July 30 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 636 m.
60 10 / 3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	terebral apapleyey)
work was dona as SILK MILL	Klassen AND Lange
SAW MILL, BANK, etc	Julius Village
£ 1 0 1=	Other Contributory Causes of importance:
(State or country)	Phon to
I 13. NAME Sa Young	- Coverage
14. BIRTHPLACE (city or town) Sarofinia	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME James Repliant	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, 19, 19
(State or country)	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT THORNE IV WILLS (Address) Briling da - 19 7 5 7 3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place & towar Data (W), 12, 193/	Nature of Injury
19. UNDERTAKER WM. Peuben Tung hury (Address) Rochville	24. Was disaase or injury In any way ralated to occupation of deceased?
20. FILED /1-12, 19 37 B. C. Perry M.	(Signed) Paralles of Hodghius M.D.  (Address) Nov. 9, 1937
If more blanks are needed, addres State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial replacities C. F. V. E. D.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 4 1937				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	OR FURTHER STATEMENTS B	I PHISICIAN	

V. S. No. 1

(Address)

state

of OCCUPA-

item of infor-

1. PLACE OF DEATH	(131)
County Montagement	Registration Dist. No. 2/2
Village or City Nr. Ochlean	NoSt.,Wa
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME SUSIAN. E. Barre	
(a) Residence: No. Allman	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
female Colored Widowid	(Month) (Day) (Year)
If marriad, widowed, or divorced	22, I HEREBY CERTIFY. That I attended deceased f
(or) WIFE of Joseph Dans	22.   HEREBY CERTIFY. That I attended deceased f
DATE OF BIRTH (month, day, and yeer) Willer	i last saw h. C. alive on //-/ , 19-3/; death is
AGE Years   Months   Days   If LESS than	to heve occurred on the date stated ebove, at 6 4m.
8 5	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
9 Trade nucleasion or particular	Date of or
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chrolio remain Turallar 7
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	disease
10. Date deceesed last worked et this occupation (month and years) spant in this occupation	
Aug and land	Other Coutributory Causes of importence:
2. BIRTHPLACE (city or town) 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
13. NAME has Beckenith	
14. BIRTHPLACE (city or town). Sugar Cand	Name of operation Dete of Dete of
14. BIRTHPLACE (city or town).	What test confirmed diagnosis? Was there an autopsy?
	23, if death wes due to external ceuses (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) Manual 16. (State or country)	Where did injury occur?
Variated Transport	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT VINIA JURAN WA	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Mt Japa Dale Nov 6, 1999	Natura of injury
29 45	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis TEC	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	1246	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	*			

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	-----------	------------	----	-----------

MARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT RE

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

8 WRITE PLA

V. S. No. 1

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
A h	013
County Manla om era Village or City Jakoma Cark	Registration Dist. No.  No. Washington Sanitarium Hospital Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmo	s
2. FULL NAME Mr. John Day	If U. S. Veteran, specify WAR
(a) Residence: No. gaithers burg Mary land.	St., Ward. and thers burg Md  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale 4. COLOR OR RACE OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  Navember 26, 1937  (Month) (Dev) (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of (er) WIFE of Mate Day (Deceased)	22. I HEREBY CERTIFY. That I attended decaesad from Movember 15, 1937, to Movember 26, 1937.
6. DATE OF BIRTH (month, dey, and year) October 25-1846	I last saw him alive on Movember 26, 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at &p.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importanca ware as follows:
8. Trada, profession, or particular	Left cerebral lemontage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	<u></u>
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Serility
SAW MILL, BANK, etc	- T
- I shell ( il this	
year) occupation 65-764	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town) A Thers burg	*
(State or country) Mary land	
13. NAME Dacob Day	
14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diagnosis? clinical exam. Was there an eutopsy?
15. MAIDEN NAME ?	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
E (Stata or country)	Where did Injury occur?
17. INFORMANT Washington Sanitarium Records. (Address) Takoma Park Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR PEROVAL	Manner of Injury
Placa Jackwoo Date MV 27, 19 1.	Nature of injury
19. UNDERTAKER Spankers	24. Wes diseesa or Injury in any way related to occupation of deceesad?
20. FILED 11/ 72 , 1932 Allon Deall Register.	(Signed) Soundeau M. D.  (Address) Jakama Park Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A ANTERIOR VEGE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# 7 5 7

6	MARGIN RESERVED FOR BINDING	N RES	ERVE	D FOR	BINDI	NG			M	
LY,	3. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	DING IN	K-TH	IS IS A	PERMAN	LENT	RECOR	D. Every	item of	e prod
e care	Ination should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	AGE s	should b	e stated	EXAC	TLY	. PH	SICIANS	should	ste
TH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP!	so that i	t may b	e proper	ly classif	fed.	Exact :	statement	of OC	CUP
orta	TION is very important. See instructions on back of certificate.	etions on	back o	f certific	ate.					
										1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12057
1. PLACE OF DEATH	J481
County Moutgomery County	Registration Dist. No. 217
Village or City Clesses, Md.	No The Moutgonery County Toxered (Wary
	death occurred in a hospital of institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Frances Sate	If U. S. Veteran, specify WAR
(a) Residence: No. Selver Spring Md Mute Cake (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  Tournel	21. DATE OF DEATH  Navesulus  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Lee Vile	22. 1 HEREBY CERT1FY, That I attended deceased from
0 0.1 1000	
6. DATE OF BIRTH (month, day, and year) June 24, 1908	I last saw h. E. alive on 77 ov
7. AGE Yeers Month Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at
29 4 20 ormin.	wera as follows: Undetermined. Autopsy refused Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, Wacuse mile SAWYER, BOOKKEPER, etc.	Ondetermined. Adtopsy letuset.
kind of work done, as SPINNER, Acuse we fe SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and the same part of the same part	
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Brunklace	Other Cautributary Causes of Importance: Patient was delivered of a male
(State or country) Maryland.	baby at 12:37 P.M. 11,13-57,
I 13. NAME Nicholae W. Johnson	died suddenly at 5:30 P.M., 11-14-3
13. NAME Nicholae W. Johnson  14. BIRTHPLACE (city or town) Aberraed Co	Nama of operation None Data of
(State or country) Mareland	What test confirmed diagnosis?
15. MAIDEN NAME Susie Gates	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Faul Corners	Accident, suicide, or homicide?
(State or country) Md.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT 220-p secured (Address)	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Colevalle Cem. Date May 14 1937	Natura of injury
19. UNDERTAKER Warner & Pumpling.  (Address) Rochwille M. J.	24. Wes disease or injury in any way related to occupation of decaased? NO
20. FILED Nov-16, 19 C. SB arrely Registrar.	(Signed) R. Herbler M. D.  (Address) Olney, and
	<i>F</i> :

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage. DEC 4 1931	July 5,1927	Peritonitis	3 days ago
THE PART Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10100.17

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
This patient was admitted and had an uncomplicated delivery, was in good
condition at 10 a.m. the day of her death. She died suddenly in the afternoon,
was unconscious for about two hours. It was impossible to determine the actual
cause of death, an autopsy was refused but the probable cause of death was a
cerebral embolus.

LION

V. S. No. 1

19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

24. Was disease or injury in any way related to occupation of deceesed?

(Address) A Mousevelle 1110

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	1031203	
	Approximation from the second of the con-	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL STACE	FOR FURTHER STATEMEN	IS BI I HI SICIAN

ADDITIONAL CDACE EOD EUDTHED STATEMENTS DV DUVSICIAN

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

S. No.

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Example I	rano.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JA	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
territoria de la compania del compania del compania de la compania del la compania de la compania della compania de la compania de la compania de la compania de la compania della compania de la compania della compani			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12060
1. PLACE OF DEATH	1249
County montgomery	Registration Dist. No. 26
Village or City I sheet what	No. 4 Raywond St St., Ward
Length of residence In city or lown where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth?
2. FULL NAME Charles Roeder	Granff U. S. Veteran, specify WAR nove
(a) Residence: No. 4 - Raymons It They Chare	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov 2/ 193 / (Month) (Day) (1962)
5a. If marriad, widowad, or divorced HUSBANO of	
(or) HISE of June & Grant	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) DEC 21- 1880	I last saw h aliva on Mod 2 ,19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at5m.
* 56 10 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, atc	Cardio Vicules Muel Alus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	Taking my occased to
year)	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town) Challes Crunty, March (State or country)	of in file of the second
	grunu was kreizer
14. BIRTHPLACE (city or town) Ballemon ned	Name of operation. Oete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Josphine Corder	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Cochuse Coeder  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, sulcide, or homicide? Oeta of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Me Charle Deart (Address) 4 Rayword St. Ch. ch. Md	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 taski Oata Nov 199	Nature of injury
19. UNDERTAKER WYS GUNCEMAUN	24. Was disease or Injury In any way related to occupation of daceased?
(Address) / 01/- st n w	If so, specify
20. FILED NOV. 3 - 1937 Thomas Comad Registrar.	(Signed) 5601-4 SF New M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
		est.
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:

# item Every SI may plnods plain in

BINDING

RESERVED

MARGIN

1. PLACE OF DEATH plnous County Man Taking Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. ds. How long in U.S. If of foreign birth? yes, mos ds If U.S. Veteran specify WAR ...... If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (qurite the word) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and vert tolcertificate. 7. AGE Years Months Davs If LESS than to have occurred on the date stated shove at 1 dev.\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence or . . min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9. Industry or business In which work was done, as SILK MILL. SAW MILL BANK, etc. 10. Date deceased lest worked at 11. Totel time (years) this occupation (month and spent in this octupation \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) ... (State or country) carefully What test confirmed diegnosis? Was there an autopsy?\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town). (Stete or country) Where did injury occur?\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT plnods very OF 18. BURIAL, CREMATION: OR REMOVA Manner of injury AUSE ation LION 24. Wes disease or injury in any way related to occupation of deceased? 4f so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

FOR BINDING

ARGIN RESERVED

of OCCUPA-

1. PLACE OF DEATH			
County montamens	0	Registration Dist. No. 21	8
Village or City bear Kermants	2	No. St.	Ward
Length of rasidence in city or town where death occurred	. )	f death occurred in a hospital or institution, give its NAME instead of street and	
0 1	yrs mos	sds. How long in U.S. if of foreign birth?yrsrr	10\$0\$.
2. FULL NAME Globe Mary	Harris		
(a) Residence: No. Man (Usual place	e of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH WOF 23	
Yenale white man	riel	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended	decaasad from
(or) WIFE of h. Harriss		nov 14 1937 to hov 23	1937
6. DATE OF BIRTH (month, day, and year) 8ct 9,	1868	I last saw h alve on how 23 ,1937	_; death is sald
7. AGE Yaers Months Days	If LESS than	to have occurred on the data stated above, atm.	
69 1 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profassion, or particular		Lebetional Obstution	200 23
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	wfl.	gulacute reflection	Iwell
9. Industry or business in which work was dona, as SILK MILL,			-
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Dete daceased last worked et this occupation (month and	time (years)	-	
- this occopation (month and	ent in this cupation		
1/1/2/		Other Contributory Causes of importance	Donald.
12. BIRTHPLACE (city or town) (State or country)		Dealitar heel	18 76
W 13. NAME Samon Han	200	Cha - Makhrilis	8000
13. NAME  14. BIRTHPLACE (city or town). Canada		Name of operation.	- The state of
(State or country)	>	What test confirmed diagnosis? Was there an	autoney? Za
# 15. MAIDEN NAME Ella V Emma	ELLEN	23. If death was due to external causes (VIOL ENCE) fill in also tha followin	
16. BIRTHPLACE (city or town)()-()-()-()-()-()-()-()-()-()-()-()-()-(		Accident, suicide, or homicide?Date of Injury	
∑ (State or country)	٧.	Whare did injury occur?	
17. INFORMANT COMPANY & Sel	br.	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	ite) LACE,
(Addrass) Au Town	440	***************************************	
18. BURIAL, CREMATION, DR REMOVAL		Manner of injury	
Place Carnetting IM Date how	7.3.6., 19.25	Neture of injury	
19. UNDERTAKER WM Benben Com	where	24. Was disaase or injury in any way ralated to occupation of deceased?	ZA
(Addrass) Rockwille had	1. 0	If so, specify	
20, FILED Non 24 1937 alreida L.	Goobe	(Signed) 4 MM darker	M. D.
	Registrar.	(Address) - Jackherthery	and

V. S. No. 1

-WRITE PLAINLY,

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	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County Works of City Works of County Works of County Works of City of town where death occurred	1. PL	ACE OF DEA	TH			(3)		
Village or City	Co	unty h	ronhco	-www.	eo	Registration Dist. No. 2	18	
Length of residence in city or town where death occurred ys	Vil	llage or City	leur	hershu	y Jusi			
2. FULL NAME  (a) Residence: No. (Urosal place of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARKIED, WIDDWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced (10) Wife of (10) Wife	lo	noth of recidence in c	nity or town where	death assured	/			
(a) Residence: No.  (Ususiplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (print the word)  5. If married, widowed, or divorced (or) Wife of (or) Wife or (or) Wife of (or) Wife or (or) Wife of (or) Wife or (or) Wife of (or) Wife or (o			Y / a	death occurred	1+000	Tell °	03	
PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. COLOR OR RACE  1. S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (critic the word)  5. If married, widowed, or divorced WUSSAND or Or (or) WHE of  6. DATE OF BIRTH (month, day, and year) 11 - 18 - 37  7. AGE  8. Months  8. If LESS, than 1 day, D. hrs. or. Q. min.  1 lest saw h	2. FU	LL NAME	ma		survo	u ) regien		
PERSONAL AND STATISTICAL PARTICULARS   3. SEX.   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (smire the word)   19.   19	(a)	) Residence: No	/	(Usual place	of abode)		I State	
Date of part in this occupation month and year)  18. Irade, profession, or particular hind of work dome, as SFINNER, stand of work as the stand as the	PI	ERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
Sa. If married, widowed, or divorced (cr) wife of 22. I HERBY OERTIFY. That I attended decessed from 19. to 19. 19.  5. DATE OF BIRTH (month, day, and year) 11 - 18 - 38 ?  7. AGE Years Months Days If LESS, than 1 day	3. SEX	4. COL	OR OR RACE			21. DATE OF DEATH		
8. Frade, profession, or particular kind of work done, es. SPINNER, SAWFR, BOOKKEEFR, etc.  10. Date Of BRTH (month, day, and year) 11 - 19 - 39 7  7. AGE Years Months Days If LESC, than 1 day	7	n	h-	OK DIVORCE	D (write the word)	(Month) (Day)	-1 400	
(or) Wife of  6. DATE OF BIRTH (month, day, and year) 11 - 18 - 39 /  7. AGE Years Months Days If LESS, than I day. D. hrs. I to have occurred on the date stated above, at m. I lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. I lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. I lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. I lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. I lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. I lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. I lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. In lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. In lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. In lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. In lest saw h. alive on. 1,19 ideeth is said to have occurred on the date stated above, at m. In lest saw h. alive on m. 1,19 ideeth is said to have occurred on the date stated above, at m. In lest saw h. alive on m	5a. If mari	ried, widowed, or div	orced			Jan 19-37		
S. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS, than 1 day, hrs. or min.  1 to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows: were as follows:  Were as follows:  Were as follows:  Date clenset  The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows: were as follows:  Date clenset  In part of the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:  Date clenset  In part of this causes of importance:  Dither Coatribatory C								
TAGE Years Months    Days   If LESS, than 1   Iday, D hrs. or. Q. min.   The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	a DATE (	or ningil (		-19-3	7			
8. Trade, profession, or particular or Or. Omin.  8. Trade, profession, or particular were as follows:  SAWYER, SOKKEPER, etc.  9. Industry or business in which saw which saw will part of the same o			1	Days	If LESS than		.,	
8. Trade, profession, or particular and of work done as SPINNR, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Dato deceased lest worked at this occupation (month end year)  11. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Addre			-			The PRINCIPAL CAUSE OF DEATH end releted causes of importence	,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc. 10. Dato deceased lest worked at this occupation (month end year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Dato displaying the second of the seco	_ 8. Ti	rade, profession, or p	particular	1	101-12-3-11111.	were as ionows.	Date ol onset	
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Dther Coatributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  10. TILED  11. TO TOWN TOWN  12. BIRTHPLACE (city or town) (State or country)  15. Maiden Name  21. Town  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  10. TOWN  11. Section  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  23. It death was due to external causes (VIOLENCE) filt in also the fottowing:  23. Accident, suicide, or homicide?  24. Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  24. Was disease or injury in any way related to occupation of deceased?  15. Specify (Signed)  (Address)  16. WAS disease or injury in any way related to occupation of deceased?  16. Specify (Signed)  (Address)  17. Where did injury  Nature of injury  Nature of injury  (Signed)  (Address)  18. DATABLE ADDRESS  ADDR	9. /n	work was done, as	SILK MILL.	-		shill how		
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(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  19. UNDERTAKER (Address)  20. FILED  10. 19. 3.7 Clouds & Content of the content of th			45	-0. 2	9. —	Other Contributory Causes of importance:		
13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFDRMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   (Address)   1			)	necoping				
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(Specify city or town, county and State)  17. INFDRMANT (Address) Fathershirely Trid  18. BURIAL, CREMATIDN, OR REMOVAL Place Home Cerritorpate how 21, 1927  19. UNDERTAKER (Address) Fathershirely Trid  19. UNDERTAKER (Address) Fathershirely Trid  24. Was disease or injury in any way related to occupation of deceased?  16 so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  (Address) Harden Manner of injury  Nature of injury  19. UNDERTAKER (Address) Fathershirely Manner of injury  (Signed)  (Signed)  (Address) Fathershirely Manner of injury  (Address) Fathershirely Manner of injury  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)	표 15. M	AIDEN NAME	Parrie	Heldin				
(Specify city or town, county and State)  17. INFDRMANT (Address) Fathershirely Trid  18. BURIAL, CREMATIDN, OR REMOVAL Place Home Cerritorpate how 21, 1927  19. UNDERTAKER (Address) Fathershirely Trid  19. UNDERTAKER (Address) Fathershirely Trid  24. Was disease or injury in any way related to occupation of deceased?  16 so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  (Address) Harden Manner of injury  Nature of injury  19. UNDERTAKER (Address) Fathershirely Manner of injury  (Signed)  (Signed)  (Address) Fathershirely Manner of injury  (Address) Fathershirely Manner of injury  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)	HLC 16 BI	IRTHPLACE (city or t	town) 7	0	0			
17. INFORMANT  (Address) Factoring Field  18. BURIAL, CREMATIDN, OR REMOVAL  Place How Compate Nov 21, 1927  19. UNDERTAKER  (Address) Factoring Field  (Address) Factoring Field  24. Was disease or injury in any way related to occupation of deceased?  (Address) Factoring Field  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	X 10. D		no	utjone	ry Co.			
(Address) Fathershing Med.  18. BURIAL, CREMATIDN, OR REMOVAL  Place Howe Cerritorpate Nov 21, 1927.  19. UNDERTAKER  (Address) Futhershing Med.  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	17 INFOR	MANT CU	vice Ste	Slu	L			
Place Home Cerniturpate Nov 21, 1927  19. UNDERTAKER (Address) Suthershing, M.S.  20. FILED Nov. 20, 1937 Albrida & Cooker (Address)  Registrar.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)  (Address)  (Address)	(A	ddress) Jan	Leshu	ly red	,			
19. UNDERTAKER (Address) Gutthershiry Ma.  20. FILED Nov. 20., 1937 Alsula & Looke Registrar.  24. Was disease or injury in any way related to occupation of deceased?  (Signed) Whather M. D  (Address) Yarshershiry M. D	11. P. A			h	n 71	Manner of injury		
20. FILED Nov. 20, 1937 alsula & Dock (Signed) (Address) Yarshershing W.D. (Address)	Pla	ace pom	1 11	Date 1951		Nature of injury		
20. FILED Nov. 20., 1937 alsula & Booke (Signed) 4 Mothershing M. D. Registrar. (Address) yarshershing my	19. UNDER	RTAKER	( Fa	gluer	4	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 1007 . 20. 19.3 ( Cultural S. S. Registrar. (Address) Garthershury Wy)	(A	(ddress) Suit	theres	my,	ska.	1/1/1/JAN TURN		
	20. FILED	nor 20.	1937 al	ruda y	woke,		M. D	
	H		T.C.	Links and 11			W3)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 6 1961	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	AN	PHYSIC	BY	ENTS	STATEM	FURTHER	FOR	SPACE	DDITIONAL	Λ

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Example 1			Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis DEC 6 92		1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago		
	FUREAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH		3		
County Moulgon	yery	Registration Dist. No. 21/		
Village or City Nr . Flich		NoSt.,_St.,		
Length of residence In city or town where	of + 1 01		ds.	
2. FULL NAME	Poelus   Bow	ard If U. S. Veteran, specify WAR		
(a) Residence: No. Nr. Etel	(Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Unknown - died in Ul	ero eer)	
5a. If married, widowed, cr divorced HUSBAND of				
(or) WIFE of		22.   HEREBY CERTIFY, Thet I attended decease	d from	
6. DATE OF BIRTH (Month, day, end )cdi//	00.9,1937	I lest saw hele alive on Nov. 9 , 19. 7; deeth	is seid	
7. AGE Years Months	Deys If LESS than I day hrs.	to have occurred on the date stated abova, at MN Viminous		
Su	flor or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	ofonset	
8. Trade, profession, or particular kind of work dona, as SPINNER,		J		
SAWYER, BOOKKEEPER, etc.		angrown to me		
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this recupation (month and	••••	apparently Ried Sometime	·	
10. Data daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
nr Ele	hison	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	ma	-		
13. NAME Kernih  14. BIRTHPLACE (city or town) 22 21	Honard			
4 14. BIRTHPLACE (city or town) he El	eluson	Name of operation Date of		
(Stata or country)	mit.	What test confirmed diagnosis? Wes there an eutopsy?	no	
15. MAIOEN NAME Sessie (1) 16. BIRTHPLACE (city or town) Galacy	da Meton	23. If death was due to externel causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Jakkey	a word	Accident, suicide, or homicida?, 19	J	
17. INFORMANT Kermit H	oward	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) R D . Lauth	enoury, ma			
18. BURIAL, CREMATION, OR REMOVAL	200 200 10 10 27	Manner of injury		
Place P. B. B. Lall	0000	Natura of Injury		
19. UNDERTAKER Kermit Having	erd acting undertake	24. Wes disease or injury In any way releted to occupetion of deceased?		
(Address) R. D. Faith	ersturg   md	If so, specify of		
00 5450 MAT 8/1 1037 1	Oll at W (Bunditte	(Signed) Learge M. Joyer	M. D.	
ZU. FILEUSE SCACES AND SELVE, 1917 Z. Z. Z. Z. Z.	1) + Registrar.	· (Address) Damaseys mg		

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Exa	mple I	-11	Example II		
The principal cause of death of importance were as follow.	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	w 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	DEC	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	CREATI V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Date of onset

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County\_

Village or City

2. FULL NAME

/(or) WIFE of

(a) Residence: Np.

Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

How long In U. S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds.

If U. S. Veteran, specify WAR,

(Day)

5e. If married widowed, or divorced certificate OCCUPATION back on instructions HER FAT See MOTHER important. very TION

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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE

5, SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

(Usual place of abode)

6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days

if LESS than 1 day, .....hrs. or .... min.

8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which

3

work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) (Q-1-17---1-9-3 11. Total time (years) spant in this occupation\_

12. BIRTHPLACE (city or town) (State or country)

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

19. UNDERTAKER

20. FILED. /. (

16. BIRTHPLACE (city or town)

(Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

Registrar

MEDICAL CERTIFICATE OF DEATH

(Month)

21. DATE OF DEATH

22.

CERTIFY, Thet i, altended deceased from

to heve occurred on the date stated above, et.

The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:

Name of operation. What test confirmed diegnosie?

23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? ...

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? if so, specify ...

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

-WRITE mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Ĭ.					
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				Alledalli	

WRITE

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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2	~	V	~	

1. PLACE	OF DEATH	N		159	
County_	Mour gome	ruy Co	unty	Registration Dist. No.	2 / /
Village or	City Plney,	Manyl death occurred		No Mortigament Sunty Sense death occurred in a hospital or institution, give its NAME instead of street ds. How long In U.S. of foreign birth? yrs.	
2. FULL N	8.0	Fletch	er John	usau If U. S. Veteran, specify WAR	
(a) Reside	ence: No. Selvel	(Voyal place	of abode)	St., Ward.  If nonresident give city or town	and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX Male	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  Mareuler 6  (Month) (Oay)	, 193 Z (Year)
5a. If married, wide HUSBANO of (or) WIFE of	owed, or divorced	0		22.   HEREBY CERTIFY, That I atter Mov. 6, 1937, to Mov. 6	
7. AGE Y	eers Months	Deys	6, 1937  If LESS than 1 day, 4-hrs.  dv-15-min,		37 ; deeth is said
9. Industry or work work work work of SAW MOTE NO. SAW MO	fession, or particular work done, es SPINNER, R, BOOKKEEPER, etc r business In which vas done, as SILK MILL, IILL, BANK, etc ased last worked et cupation (month and	sper	me (years)	Prematures 8 mts	
12. BfRTHPLACE ( (State or co	city of town)	ey man	Jenne L	Other Contributory Causes of importance:	
(State	CE (city or town)	orla Vinimi	isau	Neme of operation Date  What test confirmed diagnosis? Exaus Wes there	of
	CE (city or town) Best or country)	uwze J viel Ll.	ohusau an	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the followard followers and the second followers with the second followers and the second followers with the s	, 19
17. INFORMANT (Address)	Wospital	heen	de.	(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMA	Marke Col	~ Date mor	7,1937.	Manner of Injury	
19. UNDERTAKER: (Address)  20. FILEO	Rockville	S. Bains	ly Registrar.	24. Was disease or injury in any way related to occupetion of deceased if so, specify  (Signed)  (Address)  Au dy Spring	17

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital of institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foraign birth?\_\_\_\_\_yrs.\_\_\_\_mos If U. S. Veteran, specify WAR, (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than to heve occurred on the date stated above, at I --1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and raleted causas of Importance or .....min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_ 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ..... 1D. Date daceased last worked at 11. Total time (years) this occupation (month andspent in this occupation \_\_\_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation ... 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Lacous ...... Was there an autopsy? M. C. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury\_\_\_\_\_\_19\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFDRMANT (Addrass) 18. BURIAL, CREMATION, OR REMDVAL Manner of injury 24. Wes disease or injury in any way related to occupation of deceesad?. 19. UNDERTAKER (Address) if so, specify Registrar. (Addrass) - Musice

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Chronic interstitial nephritis of The State	1) 19	21	Run over by street car	1 week ago
Cerebral hemorrhage	July 5	5,1927	Peritonitis	3 days ago
DEC 6 1937				
Other contributory causes of importance: V. S	16		Other contributory causes of importance:	
Gallstones	May	1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. WRITE PLAINLY,

of OCCUPA-

1. PLACE OF DEATH	
County Montgomery Village or City TAKOMA PARK	No. 109- Careoll Hick. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME alies ANillma	n Kennedy
(a) Residence: No. 109-CARROLL AUR (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fendle White 5a. If married, wildowed, or divorced  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maggie D	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Orly WIFE of J. R. Kennedy	22. I HEREBY CERTIFY, That I attended decaased from, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Oct 18-1875	I last saw h; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8-Trada profession or particular	Illunianting Gas poisoning 11-5-37
Kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and	
10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Toughinglem, DC (State or country)	Other Contributory Causes of importance:
13. NAME E. A. SKillman.  14. BIRTHPLACE (city or town)	
(State of country)	Name of operation Date of Was there an autopsy? No.
15. MAIOEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) alle Maddelling (State or county)	Accident, suicide, or homicide? 12508 Data of injury !-5-, 19 31
17. INFORMANT L. A. Lewely	Whera did Injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place A COMMING OF Date 10. 5 1927	Manner of Injury 6-03 POLSRING
19. UNDERTAKER - IM. du's Saus	Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?
20. FILEO NOV. 5, 19) 4 HWIN DETU	(Signed) Maurie L Ruleadesh M. D.
Registrar.  If more blanks are needed, address State Registrar,	(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

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RIERAS V. S.	i i i		
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Date of onset

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MINIMALI V. S.	6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

# STATE OF MARYLAND-CERTIFICATE OF DEATH

V. S. No. 1	MARGIN	MARGIN RESERVED FOR BINDING	FOR	BINDING	
N. B. WRITE PLANKY, W. UNFADING INK-THIS IS A PERMANENT RESERVE of infor-	UNFADIN	IG INK-THI	SISAI	ERMANENT RE	J. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	supplied.	AGE should be	stated	EXACTLY.	PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in terms, so	that it may be	properl	y classified. Exa	act statement of OCCUPA-
TION is very important. See instructions on back of certificate.	See instruction	ons on back of	certifica	te.	

1. PLACE	OF DEATI	H		L/MD.				
County	MONTO	OMERY			Registration Dist. No. 21	4		
Village or	01.7		TON? MD	(1)	NoSt.,St.,St.	Ward		
			KINNEAR		ds. How long In U.S. if of foraign birth?yrsmos	and de		
(a) Reside			MGTON, MI	)	St., Ward.  If U. S. Veteran, specify WAR.  If nonresident give eity or town and Sta	e e		
PERSO	NAL AND	STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX MALE	4. COLOR	OR RACE	S. SINGLE, MARR OR DIVORCED WILOWI	(write the word)	21. DATE OF DEATH  April (Month) (Day) 19	3.7		
5a. If marriad, wide HUSBAND of (or) WIFE of	wad, or divorce HARRI	ETT S.	KINNEAR		22. J HEREBY CERTIFY, That I attended deco	ased from		
6. DATE OF BIRTH	I (month day a	nd vaar) NO	V. 10TH.	1850	Was Smiles 2 1 240	eath is said		
	ears	Months	Days	If LESS than	to have occurred on the data stated abova, at _//. N.Pm.			
	86	11	22	1 day,hrs. ormin.	were as follows: OF DEATH and landed causes of thisportance			
8 Trade profession or particular					Arterio Selengris Batos			
kind of work dona, as SPINNER, RETIRED SAWYER, BOOKKEEPER, etc					The state of the s			
- (1110 00)	ased last worka cupation (month	n and		ie (yaars) in this ation				
12. BIRTHPLACE ( (State or co		OHIO		******	Other Contributory Canses of Importance:	7=		
1		DER KIN	NEAR		wine alway	J. Mrs		
14. BIRTHPLA	CE (city or town	OHIO			Name of operation. — Date of	0.4		
15. MAIDEN N			HARRISO	N	What test confirmed diagnosis? (Journe Analysis Was there an autopassed of the state of the stat	sy?_/ruc		
	CE (city or town	OHIO			Accident, suicide, or homicide?	, 19		
(State or country) OHIO  17. INFORMANT LAWRENCE SMOOT (Addrass) KENSINGTON . MD.					Whare did Injury occur?			
18. BURIAL, CREMA	ATION, OR REN		Date Nov	TL , 1927	Mannar of Injury			
19. UNDERTAKER 2 (Addrass)	lvarne	Silver	Spring	my	24. Was disease or injury In any way related to occupation of deceased? N	D		
20. FILED NON	1.4.,19	37 Mar	garet C.	remear Registrar.	(Signad Thomas). Poscilla Wash	ugto.		
		If more be	lanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street car	1 week ago
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	Other contributery course of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

16	13	64	100	4)
1	6	0	8	-

County Morely	Registration Dist. No. 218
Village or City gaithur foundy A	Tayloo St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mos
cengin of residence in city of town where deeth occurredyisinos	grs
2. FULL NAME TOWARD Trenguer	0 11 4 1
(a) Residence: No. Taillus bury M.	St., R FWard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male While Manue	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Markefarrages	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)	~ I lest sew h; death is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, et/_O_A.m.
ofurf 64 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occupation (month end the properties) of the properties of the prop	Tell dead
9. Industry or business in which	1 00 0
work wes done, as SILK MILL, SAW MILL, BANK, etc	Probably a heart
0. Date decessed lest worked et this occupation (month end cyeer)	Caudition
12. BIRTHPLACE (city or town) Maryland  (Stete or country)	Other Contributory Causes of importance:
W 13. NAME unlivers.	
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	Neme of operation Dete of   Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Unlesson	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Long Distory (Address) Carthur Gury (and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE PROCESSING STATE STA	Menner of Injury
19. UNDERTAKER Softalling (Address) Galthur Briefte	24. Wes diseese or injury In eny wey releted to occupation of deceesed?
20. FILED Non 8., 19.37 alsuda & Registral.	(Signed) Millather My D.  (Address) Laitherhoop (W)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

BINDING

TARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
EUNEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLA

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- W3
Village or City lakama Park, Maryland	No. Wash morton an tay rum to No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs. Itddie E. Wittleton	If U. S. Veteran, specify WAR
(a) Residence: No. 920 Eye 54. S. E.  (Vaual place of abode)	St., Ward. Washington, D. C.  If nonresided give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 , 193 ') (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Little tou	22. I HEREBY CERTIFY, That i ettended deceased from  Auv 27, 1937, to hww 29, 197
6. DATE OF BIRTH (month, day, and year) October 19, 1861	I last saw h_2 alive on
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc House we get a find of work done, as SILK MILL, SAW MILL, BANK, etc 10. Dete daceased last worked at this occupation (month and year) — December 1935   11. Total time (years) spant in this occupation 50 year)	Other Contributory Causes of Importance:
(State or country)  = 13. NAME George Field	
13. NAME George Field  14. BIRTHPLACE (city or town) Brymingham, England (State or country)	Neme of operations and an interest of the state of the st
15. MAIDEN NAME Darah Gray  16. BIRTHPLACE (city or town) May yland 3  (State or country)  17. INFORMANI Washington Danitarium Records	23. If death wes due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place  NATA DO DE 1/2, 1932.	Manner of injury
19. UNOERTAKER (Address) 5 ) - Company of the compa	24. Wes disease or injury in any way releted to occupation of deceased?  If so, specify  (Slengt)
20. FILEO/1/29/ , 1932 97WIM/ Can	(Signed) /252 (C) / / / / / / / / / / / / / / / / / / /

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Language a consumer			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12075
1. PLACE OF DEATH	(45-1)
Village or City Salloma Park, Manylond	Registration Dist. No. 223  No. Ward death occurred in a horpited or institution, give its NAME infected of street and number)
Length of residence in city or town where death occurredyrs,3mos.	21.ds. How long in U.S. If of foreign birth?
2. FULL NAME Ma. Charles C. Lyons	If U. S. Veteran, specify WAR
(a) Residence: No. 1369 Meridian Place N.W. (Usual place of abode)	St., Ward. Washington, & C. V.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)    Second S	21. DATE OF DEATH  November /7  (Month) (Day) (Pear)
HUSBAND of Mary E. Lyons	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Willy 30, 1868	the same of the second of the
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 8 2 3 m.
69 3 /7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:  Eardermond Carcing Date of one of Aug 1936
8 Trade, profession, or particular kind ol work done, as SPINNER Instructor SAWYER, BOOKKEEPER, etc.	of lower lise
9. Industry or business In which work was done, as SILK MILL / )	with metastasis ??
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year) year)  11. Total time (years) spent in this occupation occupation Occupation 30. Uses	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Washington	Terrial Kanorkage Nov. 15,
(State or country)	
13. NAME Rufus a. Lyons  14. BIRTHPLACE (city of town). Charles Canaday	4-0.0
14. BIRTHPLACE (city of town) Charles Country	Name ol operation Date ol
15. MAIDEN NAME SUR BARREDO	What test confirmed diagnosis? ( Was there an autopsy? 120 23. Il death was due to externel causes (VIOL ENCE) fill In elso the loilowing:
15. MAIDEN NAME Susan Boswell  16. BIRTHPLACE (city or town) Charles Country	Accident, suicide, or homicide? Date of injury
(State or country)  Maryland	Where did Injury occur?
17. INFORMANT & Washington Sanitarium Records	(Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place WASh. De Date 11/12 1972	Nature of Injury
19 UNDERTAKER Char & Durhard	24. Was disease or injury in any way related to occupation of deceased?
(Address) 30/ Best Copylor.	il so, specify
20. FILED 11 - 17 , 19.3.7 HEARN DOWN Registrar.	(Signed) Maskington Santamin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	9	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 .64	***
Other contributory causes of importance:		Other contributory causes of importance:	0/
Gallstones	May 1,1923	Gastroenteritis 1937	1 year
			-

V. S. No. 1

### STATE OF MARYLAND-CERTIFICATE OF DEATH

ı	69	10	pay	0	
	6	U	6	1)	

1. PLACE OF DEATH	
County monlgomeny Registration Dist. No.	. 216
Village or City Chare No. 13 Easts mulese	St.,Ward
(If death occurred in a hospital or institution, give its NAME instead of Length of residence in city or town where death occurred 15 yrs	of street and number)
	as.
2. FULL NAME Grack Elled me Ewen	
(a) Residence: No. 13 East Wellock St., Ward.  (Usual place of abode)  If nonresident give city of the state	or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE From OR DIVORCED (write the word)  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  (Month) (Day  (Month)	Ph , 193.7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That	I attended deceased from
Sept 3 -, 19 37, 10 No.	V-1-1-2, 19-3-7.
6. DATE OF BIRTH (month, day, and year) Jan; 20 - 1875   last saw h. & alive on Nove 11-	~_, 19_37_; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 7.45 0m.  1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of important processing to have occurred on the date stated above, at 7.45 0m.	ortance
Ormin. were as follows:	Date of enset
Nind of work done, as SPINNER, Nowle Hard on the Line of the SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which	L MANUEL INC.
work was done, as SILK MILL, SAW MILL, BANK, etc.  Sladdy J	#
O lo Date deceased last worked at this occupation (month and year) spent in this occupation.	
Detroit Other Contributory Causes of importance:	1- 12
12. BIRTHPLACE (city or town) a mushing au (State ar country)	cule 1 mo
# 13. NAME David Buck me Eeven	
13. NAME David Buck me Ewer  14. BIRTHPLACE (city or town) Outable , Carry Name of operation.	Date of
	s, there an aulopsy? Jun
15. MAIDEN NAME Louise and Pollock  23. If death was due to external causes (VIOLENCE) till in also till accident, suicide, or homicide?  Date of Inj	
6 16. BIRTHPLACE (city or town) England Accident, suicide, or homicide? No. Date of Inj	jury
(State or country)  Where did injury occur?  (Specify city or town, cou	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In	PUBLIC PLACE.
(Address) / 3 & methode Cheen bhask md	
Designation of Assert Property N. N. M. N.	
Al. 140	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of de (Address) washing to . Why.	eceased (/\_\)
20. FILED Nov. 13. 1937 Thomas K. Comad (Signed) Thomas K. Comad	hwy bhask, md

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago V USE Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
m	ony years ago This patient had had had an operation
Whee	a all of her systical organia had been removed
ures	us and overies.

V. S. No. 1

county Montyonerep	Registration Dist. No
Village or City Poblesville	No (14 village) St., W.
Length of residence in city or town where death occurred 12 yrs. 6 mo  2. FULL NAME 18 MIL for d	If U. S. Veteran, specify WAR.
(a) Residence: No. 10 (Usual place of abode)	AcSt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // , 193 / (Month) (Oey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  MANUAL	1 HEREBY CERTIFY. Thet i attended deceased in the state of the state o
CALL IS RIVER	Hast saw h.c. alive on hov. 10 . 19.37; death is
6. DATE OF BfRTH (month, dey, and yeer)  7. AGE Years   Months   Oeys   If LESS than	to heve occurred on the dete steted above, et 2_ P m.
76 6 2.60 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8 Trade profession or perticular	Yeul. asterial Ederosis Date of or
kind of work done, as SPINNER, donne Worts	Chronic myreardites 193
9. Industry or business in which work wes done, as SILK MILL,	acute nephritis 70/13
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
12. BIRTHPLACE (city or town) Spolesville	Other Cantributory Causes of importance:
(Stete or country)	
13. NAME Tromas Milgord  14. BIRTHPLACE (city or town) - Iraland	7
14. BIRTHPLACE (city or town)	Neme of operation. hour Oete of
	What test confirmed diegnosis?
	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
Stete or country	Where did injury occur?
17. INFORMANT A PARTY OF THE CANADA CONTRACT	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Beally ville Octo 1//12 , 1939	Neture of Injury
19. UNOERTAKER Hilton Hall (Address)	24. Wes disease or injury in any wey releted to occupation of deceased? 20
20. FILED/1/19 , 1977 EWWhile Registrar.	(Signed) Upton Dhours (Address) Dawronville Hid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S. V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

# N. B.-WRITE PLAINLY, WI

2. FULL NAME MARY Collen Mullin (a) Residence: No. Malling 2004. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Registration Dist. No.  No.  (If death occurred in a hospital or institution, give its NAME instead of street and number)  os.  ds. How long in U.S. if of foreign birth?  If U.S. Veteran, specify WAR  St.,  Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Length of residence in city or town where death occurred 9 yrs	No. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U. S. if of foreign birth? yrs. mos.  If U. S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
2. FULL NAME MARY Collen Mullin (a) Residence: No. Malling 2004. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	osds. How long in U.S. If of foreign birth?
2. FULL NAME MARY Collen Mullin (a) Residence: No. Malling 2004. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward.  If U. S. Veteran, specify WAR.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
(a) Residence: No. Mallinia 2nd. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
(Úsual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CEV TO LOCION ON THOSE OF THE PROPERTY OF THE	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH Prod. 21
" WidowEd	(Month) (Day) (Yeer)
e. if married, widowed or divorced HUSBAND of	22 I HEDERY CERTIES The Laterty design
(or) WIFE of James Mulling	22. HEREBY CERTIFY, That I attended decesed fi
DATE OF DIET ( 2001) 400 - 18 4 2	7
DATE OF BIRTH (month, day, end year)  AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, at 2 9m.
94 11 5 I dey,hr	
Ormin,	were as follows: Date of on
8. Trede, profession, or perticular kind of work done, as SPINNER, telized Housework	e wine Knouchules 2 doug
kind of work done, as SPINNER. Lettred Houseway SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete decesed lest worked at this occupation (month and	····
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dete decesed lest worked at this occupation (month and 1930 spent in this 774	
year) gent in this spent in this occupation	
2. BIRTHPLACE (city or town) Mr. Damaseux	Other Contributory Causes of inhortence: Chronic Mersting Rephrites waken
(Stete or country)	The state of the s
13. NAME Lacob Honny	
13. NAME west aforing  14. BIRTHPLACE (city or town) no Damagens	Name of accession
(Stete or country)	Name of operation Date of
Xes I Etal.	What test confirmed diegnosis? Was there an autopsy?
nr. Kerestd	23. if death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (Stete or country)  Manuard	Accident, suicide, or homicide? Dete of Injury, 19
Mass & The letter	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT WW Ova Mulling	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
P DIDIAL COMATION OF DEMOVAL	
Place Damasun Cempete nov. 23 13	Manner of Injury
1272 110	Neture of injury
9. UNDERTAKER J. Jeall Inc.,	24. Was disease or injury in eny wey related to occupation of deceesed?
(Address) Damascus ma	If so, specify A
O FILED nov-23, 1927 Della OV. Usurdit	(Signed) Learge M. Hayer

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mo. 1.

BINDING

RESERVED

ARGIN

S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.			(4)	
Other contributory causes of importance:		Other contributory causes of importance:	DESIGN :	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		A CARL CONTRACTOR OF THE STATE	PERCENTAGE.	

### PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. FOR BINDING MARGIN RESERVED

STATE OF MARTERIES	-CERTIFICATE OF DEATH 12355
1. PLACE OF DEATH	
County Mongomery	Registration Dist. No. 214
Village or City good Hops	No. Route 2 Silves Skrives, W
Length of rasidence in city or town where death occurred	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME David Thomas hel	If U. S. Veteran, specify WAR
(a) Residence: No. Good Hope	St. Ward.
(Usyll place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 20, 193 (Vear)
HUSBAND of Martha Nelson	22. I HEREBY CERTIFY, That I attended deceased for the standard of 1932 to the standard 1932
6. DATE OF BIRTII (month, day, and year) april 5, 1867	I last saw of the alive on Morrenber 19 ; death is
7. AGE Years   Months   Days,   If LESS than	to have occurred on the date stated above, at Z. TOA.m.
70 7 1 dey,hrs	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Glomerolonephritis ?
9. Industry or business in which work was done, as SILK MILL,	Hypertensis !
SAW MILL, BANK, etc  10. Dete deceased last worked at this occupation (month and 6 - 1936 spant in this occupation (coupation)	Myo cardial Degeneration !
12. BIRTHPLACE (city or town) My utg Ct (State or country)	Dthar Contributory Causes of Importance:
	10 1
	Lemegraphy
(State or country)	Neme of operation
000	What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Howard Co.	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT Marka nelton	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Load Apple Date nor- 64193	Neture of Injury.
19. UNDERTAKER Purper & Syrouslan	24. Was disease or injury in any way related to occupation of deceased?
Relief & select	24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewifer in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH 12080
Was Du - The Time		82-0
County Money oner	7	Registration Dist. No. 214
Village or City  Length of residence in city or town where death	Occurred yrs mos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	Y - (A)	
2. FULL NAME And An	was Trunces	
(a) Residence: Not/ 4-32 7C	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
Trale While	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora See Pr	unier	22. I HEREBY CERTIFY. That I attended deceased from
4 DATE OF SIDE ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 150 -	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months	Days   If LESS than	to have occurred on the date stated above, at about 1,45 a. m
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
624 31	O ormin.	were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ada al	Cerebral nemovings
9. Industry or business in which	exagio	( Degrees based on Judden
work was done, as SILK MILL, SAW MILL, BANK, etc		frestory as way
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	la viven try deceased wife
1 3601)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)		
(State or country)	M	
13. NAME AMAGEMENT 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)		Name of operation Date of
(State of country)		What test confirmed diagnosis? Was there an autopsy? 22
15. MAIDEN NAME (Mesonown	4	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Seedmonn)  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury 19
(State or country)		Where did injury occur?
17. INFORMANT/Molery S. G. G. (Address) 8/67 Jan Que	muer ( 134)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place test franche po	ato/2 2 ,19.37	Nature of injury
19. UNDERTAKED TOTAL CONTRACTOR	Lunghory	24. Was disease or injury in any way related to occupation of deceased?
(Address) Silves Ap	ring "	If so, specify
20. FILED Dec 2 , 19 37 33	Before Registrar.	(Signed) 12 Stage and Silver from
If more blank	es are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	12	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City Whomas	Purk, ma	No Vashington Sant No. of	23 Ward
Length of residance in city or town when	(1)	death occurred in a hospital of institution, give its NAME instead of street at	nd number)
2. FULL NAME Eldone	Howard Pullan	If U. S. Veteran, specify WAR	
(a) Residence: No. Route 4	- Donnybrook, nd (Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Revender 29  (Month) (Day)	, 193
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFF of	P. 00.	22. I HEREBY CERTIFY, Thet I attend	
genera.	napman - 1 ween	, 19, to	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days   If LESS than	I last saw h.i. 24 aliva on 100 28 193.	.7.; death is sai
nomus	Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profassion, or particular	ormin.	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Kissioning	Cartition and Carelitate	1921
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		The state of the s	
10. Data dacaased last worked et this occupation (nonth and year)	11. Totel time (yaars) spent in this occupetion		
2. BIRTHPLACE (city or town) Tring	wild maine	Other Contributory Causes of importance:	
(State or country)  13. NAME Alvin sta	POD	Levility	
	ward Illen	· · · · · · · · · · · · · · · · · · ·	
(Stata or country)	ine	What test confirmed diagnosis? And agency Wes there:	
15. MAIDEN NAME Ludias O	arlton Burhant	23. If death was dua to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city of town)	>	Accident, suicida, or homicide? Dete of Injury	
(Stata or country)		Whera did injury occur?	
17. INFORMANT Letter left (Addrass)	by patients	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Dec. 1 , 1937	Manner of Injury	•••••••
19. UNDERTAKER TO STATE	ambers Co	24. Was disease or Injury In any way releted to occupation of deceased?  If so, specify	m
20. FILED /// 29/7 5,19	10m Dodl	(Signad) Bounds	and M.

AD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT RI

MARGIN RESERVED FOR BINDING

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10000

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLA

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH		4			
County	Marilgo	mes	y Cou	nto	Registration	Dist. No. 217
Village or	City C	Plus	4, ma		No Moul gomery County	Genesial Howard
Length of ras	idanca In city or tow	n where d	Path occurred		death occurred in a hospital or institution, give its NAME	
2. FULL NA	/	Bar	11	loto		
	/	2		Said	If U. S. Veteran, specify WAR	
(a) Reside	ice: No	1. De	(Usual place o	f abode)	St., Ward.	give city or town and State
PERSO	NAL AND ST	ATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX	4. COLOR OR R.	ACE	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH	27 - 193 / (Yaar)
5a. If marriad, wido HUSBAND of	wad, or divorcad					(,, y,
(or) WIFE of					22.   HEREBY CERT 1 F	Y, That I attended decaased from
6 DATE OF RIPTII	(month, day, and yas	ar)			I last saw h M alive on Alary	1/27, 19.37; death is said
	1	onths	Days	if LESS than	to have occurred on the date stated above, at	/ /
-		-		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated cause were as follows:	es of importance
8. Trade, profe	ession, or particular	MED				Date of onset
SAWYE	work done, es SPIN R, BOOKKEEPER, atc.	NEK,			Vremalure	- /22/2
n. / work wa	business in which is dona, as SILK MIL	LL,				
10. Date dacea	LL, BANK, etc sed last workad at		11. Total tir	na (yaars)		
- (1110 0001	upetion (month and		span	tin this ————————————————————————————————————		
12. BIRTHPLACE (c	ity or town)	Olne	u		Other Contributory Causes of Importance:	
(State or cou		(	maure	and .	none	
13. NAME 7	n. Will	et	Salter			
13. NAME	E (city or town)	long	Islan	d	Name of operation 20	Data of
(Stata o	r country)			•	What test confirmed diagnosis?	
15. MAIDEN N.	AME Miss (	Rnu	a nuch	olsan	23. If death was due to external causes (VIOLENCE) fil	In eiso the following:
15. MAIDEN N.	E (city or town)	na	A		Accident, sulcide, or homicida?	Date of injury, 19
E (Stata o	r country)	i- 1	Vugini	1	Where did injury occur?	town, county and State)
17. INFORMANT (Addrass)	Haopi	tal	heroid	ls -	Spacify whather injury occurred in INDUSTRY, In HO	ME, or in PUBLIC PLACE.
18. BURIAL, CREMA	tion, or removal	Horf		27-,1931	Mannar of injury	
19. UNDERTAKER (Address)	?				24. Was disaase or injury in any way related to occupi	ition of daceesad?
20. FILED 70-V	29., 1937	C.,	S. Barn	aleng. Registrar.	(Signed) Sandy Sp	ring md.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative, healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	ī.	Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral homorrhage	WIREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	The second secon	A cod			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

12053

No 70 I 9	Registratio	n Dist. No.	
eath occurred in a hospital or institu	tion, give its NA	ME instead of street a	Mard
ds. How long in U.S. if o			
aut If U. S. Veteran,	specify WAR_	*******	******
St.,Ward.			
		ent give city or town	
	ERTIFICAT	E OF DEATH	1
21. DATE OF DEATH	Horr	22 -	_ 7
	(Month)	(Day)	, 193 (Year)
		FY That I attend	
June			
I last paw h alive on	nov.	23 ,193	2; death is said
to have occurred on the date stata	d above, a	ISPm.	
The PRINCIPAL CAUSE OF DEAT	H and ralated ca	usas of Importanca	
wera as follows:			Date of enset
Passe	1000		10 3
Carcinoma o	7 /100	rojenanys	1955
2 9 9	-		
	to ce	uccaf	1936.
glands			
Other Completery Causes of impo	rtance:		
manda			7
mystarde	u.gu	luse	10 27
( <i>J</i>			1131-
	the	Date of	
What test confirmed diagnosis?	Bugan	Vas there a	in autopsy?. 230-
23. If death was due to external cau	ses (VIOLENCE)	fill in also the follow	ving:
Accident, suicide, or homicida?	**********	_ Dete of injury	, 19
Where did injury occur?			
Specify whether injury occurred in	(Specify city INDUSTRY, in I	or town county and	State) PLACE.
Manner of injury			
Nature of Injury	_		
	ou related to a	unation of decree to	21-
24. Was disaasa or injury in any wa	ay related to occ	upation of deceased?.	
If so, spacify	MA	11	
(Signed)	45	110	M. D.
(Address)	N. O.C.A.	Will !	110

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	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
4 }			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

OCCUPATION

FATHER

MOTHER

(or) WIFE of

6. DATE OF BIRTH (month, day, and yeer)

12. BIRTHPLACE (city or town) (State or country)

f5. MAIDEN NAME

(State or country)

(State or country)

f3. NAME

Cemetar

(Address)

BINDING

FOR

MARGIN RESERVED

state

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Monte Co Registration Dist. No. Village or City Gaithersburg Length of residence in city or town where death occurred. 2. FULL NAME Charlotte R PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female anniad 5e. If married, widowed, or divorced HUSBAND of

Sherwood 3]

William

Aug

lf s.	No. St., Ward death occurred in a horpital or institution, give Re NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.
	John St. 11103
).	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I attended deceased from November, 1936, to Nov., 1937
	I last saw h englise on Nov . 14 1937; death is sold
	to have occurred on the date stated above, at 9:50 Am.
	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
-	were as follows:
	acute delatation heart
Ī	asterio cleans
_	Keyper Leuseon:
	- Riffer Verston
-	Dther Contributory Causes of importance:
_	
l	
ĺ	Name of operation Date of
	Whet test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury19
-	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
-	Manner of injury
	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
-	If an appoint

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Example II

Example 1			Diample 11			
S Date of onset	The principal of importance	Date of onset				
1915	Attack of epile	1 week ago				
1921	Run over by str	cet car	1 week ago			
July 5,1927	Peritonitis	10st o 570	3 days ago			
		Mark Barrier				
	Other contrib	utory causes of importance:				
May 1,1923	Gastroenteritis		1 year			
	1915 1921 July 5,1927	of importance 1915 Attack of epile; 1921 Run over by str July 5,1927 Peritonitis  Other contrib	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:			

### STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RI AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PL.

1. PLACE OF DEATH	(Hp)
County Montgomery	Registration Dist. No. / / 3
Village or City Takema Vark, Ind.	No. Washington Sand Nast Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of loreign birth?yrsmosds.
n 1.8.	
(a) Residence: No. 6.300 Filge Drue (Usual place of abode)	St., Ward. Gusseltown S.C. Wonoresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 25 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO o1	22. I HEREBY CERTIFY, That I attended deceased Iron
(or) WIFE of Charles Doventino	November 22, 1937, 10 November 25, 1937
6. DATE OF BIRTH (month, day, and year) The Que 13, 19 0.5	Hast saw h ex aliva on Movember 25, 1937; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at8a_m.
32 3 14 1 day,hrs.	THE A SALE CAUSE OF DEATH and related causes of importance
8. Trade profession, or particular	Date of one of
9. Industry or business in which	The way was a series of the se
work was dona, as SILK MILL, Own Home	Due to Gudical
11. Total time (years) this occupation (month and year) year)	Mortin
12. BIRTHPLACE (city or town) Bradford, Pennsylvania (State or country)	Other Centributery Causes of importance:
3. NAME Bert Shetters	
14. BIRTHPLACE (city or town) Jamestawa , M. y.	Name of operation
- (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Con Stewart  16. BIRTHPLACE (city or town). Unbrason	23. If death was due to external causes (VIOLENCE) fill in also the Iollowing:
5 16. BIRTHPLACE (city or town) Usubnason	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Washington Davitarium Cleons	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR KEMOVAL	Manner of Injury
Place Confidence Date Mello 2/ 193/	Natura of Injury
19. UNDERTAKER Karmer Le Jumphrey	24. Was disease perintury in any way related to occupation of decassed?
(Address) School Alling	11 so, specify
20. FILED / 1/25 1922 W. Filed	(Signet) ead 4 Colors M. I
Registrar.	(Address) Washington Santanin & Harpita

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	3	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUKE AN A SE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

	ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY F	PHYSICIAN	
-							

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12080
1. PLACE OF DEATH	93-70
County Montgomen	Registration Dist. No. 2/4
Village or City Silver Haring	No. 12 Ward Comment St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?ds.
2. FULL NAME Many Startha Street	If U. S. Veteran, specify WAR
(a) Residence: No. Darring Colored Librer fring,	QSt., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Therefore 10, 193  (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	20 LUEDEDV CEDILEY THE
(or) WIFE of Charles Speer	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, end yeer) Select 17, 1872	I lest saw here elive on Nov. 10 , 1937; death is seid
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete steled above, et 11:455_m.
65 / 24   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mys caralites 3 years
9. Industry or business in which	arterwoclerosis Bylangey
SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and yeer)  11. Total time (yeers) spent in this occupation 40 occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Washing M. (State or country) District of Columbia	
13. NAME goochlillen	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation
(State of Country)	What test confirmed diagnosis? Islanded lycom: Was there en eutopsy?
15. MAIDEN NAME Ellen Sullevan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ellen Sullevan  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs John Sources (Address) Brown Comes & love of mrs & Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Washington De C Dete Nov. 13, 1937	Neture of Injury
19. UNDERTAKER Frank Geiers Sons Co (Address) 1/13-7 8 t 7 1/2 World 100	24. Wes disease or injury In eny wey related to occupetion of deceased?
20. FILED NOV - 12. 1937 75. Whilly	If so, specify (Signed)
If more blank we needed did as Sair Daine	(Address) J. Z. a. S. L. S. Cents Della fram I Med 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
in more viants are needed, agaress State Registrar,	2411 IV. Charles Street, Dallimore, Requesting U. S. No. 1.

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Example I	l.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUSEAU V. E.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

state Exact statement of OCCUPAproperly classified. See instructions on back of certificate. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be mation should be carefully TION is very important.

### STATE OF MARYLAND—CERTIFICATE OF DEATH

- 1	10	10	(1	449
- 1	2	U	0	0

1. PLACE OF DEATH	4728
County Montgomery	Registration Dist. No. 223 -
	No. Washington Sanitarium +7105 ptst., Ward death occurred in a hospital rinstitution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurredyrs5mos.	20 ds. How long in U.S. If of foraign birth? 52-yrs. mos. ds.
2. FULL NAME Mrs Qlivia Stahl	If U. S. Veteran, specify WAR
(a) Residence: No. 4312 Tevrth (Usual place of abode)	St. N.W. Ward. Washington, D.C.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH    0 v.
5a. If married, widowad, or divorced HUSBAND of (OT) WIFE Of Mr. Edward Stahl	22. 1 HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to DOT 10 1937
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Oays  If LESS than  1 day, 7 2-hrs.  ormin.  8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, SAWYER,	I last saw h. A. alive on
work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Total tima (yeers) spent in this occupation in this occupation.  12. BIRTHPLACE (city or town)  (Stete or country)	Other Contributory Causes of importance:
13. NAME John Mc Carthy  14. BIRTHPLACE (city or town) Mew york	Neme of operation. Date of.
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Zily Roache 16. BIRTHPLACE (city or town) Mallan (State or country) Graland 17. INFORMANT Washington Sanitarium Records	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Takema Park, Md.  18. BURIAL, CREMATION, OR REMOVAL  Place Washington De Oate 11/10, 1937.	Manner of injury
19. UNDERTAKER 2. 7. Hines Co (Address) 2901-14 the 1972	24. Wes disease or Injury In any way releted to occupation of deceased?
20. FILED 1/10 ,1937 FISM NOW Registrary	(Signed) M. D.  (Address) W. D. Sunstanian
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V.S. Now Jakoma Park, mil.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade; profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	12000
1. PLACE OF DEATH		T24°E	
County Markyone	ery	Registration Dist. No.	218
Village or City Strike	afburg	No. Outside  If death occurred in a hospital or institution, give its NAME instead of a	St Ward
Length of residence in city or town where deal	th occurred U.S. Lyrsmo		ds.
2. FULL NAME Clasen	ce m/	Herrnson	
(a) Residence: No.	(Usual place of poole)	Mard.  If nonresident give city or	town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DE	
3. SEX  Male  4. COLOR OR RACE  5. If married, widowed, or divorced	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 7 (lear)
HUSBAND of Cor) WIFE of	mon -	22. I HEREBY CERTIFY, That I	
6. DATE OF BIRTH (month, day, and year)	W 1891	I last saw had aliva on Oct 15	, 1937 ; death is said
7. AGE Years Months	Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at	1
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.		Curhosis 1 liver	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		7	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		000000000000000000000000000000000000000
12. BIRTHPLACE (city or town)	land	Other Contributory Causes of importance:  Browchial Cathony	1936
13. NAME To hellip the	nenem		
13. NAME / Lull & Miles & Mile	y lamos	Name of operation What test confirmed diagnosis? Was t	Date of
15. MAIDEN NAME SUCCES	terenen	23. If death was due to external causes (VIDLENCE) fill in also tha	
15. MAIDEN NAME LICE  16. BIRTHPLACE (city or town) - Afficial  (State or country)	Many	Accident, suicide, or homicide? Date of injury Where did injury occur?	y, 19
17. INFORMANT Williams (Address) Janthershu	twenson.	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or in PU	y and State) IBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Cruscy Charles	Date 77 50: 9 , 19.37	Manner of injury	***************************************
19. UNDERTAKER Address) Sartificishins	Barler,	24. Was disaase or injury in any way related to occupation of dece	ased?
20. FILED 200 - 9, 19 37 Chi	ida I Carke	(Signed) I Smochast	M, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11/100

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Example I	2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ARTON V.S.			
Other contributory causes of importance:	allegh, m.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## MARGIN RESERVED FOR BINDING

V. S. No. 1

state D. Every item of infor-Exact statement of OCCUPAplnoys PHYSICIANS UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. LAUSE OF DEATH in plain terms, so that it may be tation should be carefully supplied. -WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Many Granters (1988) 1988 (1988) 19	1. PLACE OF DEATH	62.00
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  S. B. How long in U. S. If of forsign bith?  (a) Residence: No.  1. Maple of books?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wire the word)  S. IMARRIED, WHOWED, or DIVORCED (wire the word)  S. If married, widowed, or divorced (ro) Wife of May, and year)  5. DATE OF BIRTH (month, day, and year)  7. AGE  Vears  Months  Byrs  1. ILLSS than the PRINCIPAL CAUSE OF DEATH and related causes of importance with day, and year)  8. Tirde, protession, or perticular sind of word does, as SPINER, Months  S. SAVER, BOOKEEPER, stc.  1. Industry or business in which words and some as a SPINER, shawer, BOOKEEPER, stc.  1. Industry or business in which words and some as a SPINER, shawer, BOOKEEPER, stc.  1. Industry or business in which words and some as a SPINER, shawer on the date stated above, at	County Mant gamery	
Length of residance in city or town where death occurred.  2. FULL NAME.  (a) Residence: No. 17 Maple draw.  (businglace of bode)  (Classiplace of town and State  (Month)  (Day)  (Part)  (Part)  (Month)  (Day)  (Part)  (Month)  (Month)  (Day)  (Part)  (Month)  (Month)  (Month)  (Month)  (Month)  (Day)  (Month)  (Mon	Village or City Jakoma Park, Md.	
2. FULL NAME  (a) Residence: No. 17 May 1 May 2 Mark St. Ward. St.		
(a) Residence: No. 17 Model (Brain) Residence: No. 18 Medical Certificate give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	Λ .	
Hencender spice city or town and State		31
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DYORCED (write the word)  5. Ill married, widowed, or divorced (roy Wife or Married)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trade, profession, or perticular for min.  8. Trade, profession, or perticular for min.  8. Trade, profession, or perticular for min.  9. Says  10 (1835)  10 (1845)		
DATE OF BIRTH (month, day, and year)  8. Trade, profession, or perticular kind of work done, as SPINNER  SAVER, BOOKEEPER of:  9. Industry or business in which was done as SIK MILL.  10. Date dreamed and secondary or country)  11. Total time (gaars)  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  15. BIRTHPLACE (city or town).  16. Date of caches dead and the country)  17. INFORMANTAL  18. BURNAL, CREMATION, OR BENDOAL  Place  19. Malben Name  19. Malben Name  19. Malben Name  19. Malben Name  20. 18. Trade, profession, or perticular kind of work done, as SPINNER  11. Total time (gaars)  11. Total time (gaars)  11. Total time (gaars)  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. Date of country)  16. BIRTHPLACE (city or town).  17. INFORMANTAL  18. BURNAL, CREMATION, OR BENDOAL  Place  19. Malben Name of Injury obsured in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Name of Injury.  19. UNDERTAKER  19. Was there on sulpays and deceased from the work of the work of the country of th	PERSONAL AND STATISTICAL PARTICULARS	
58. If married, widowed, or divorced missakely-of (or) wife of mu. Burganus 3 true  59. DATE OF BIRTH (month, day, and year)  70. AGE  Years  Months  S. Trade, profession, or perticular  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  S. Trade, profession, or perticular  The period date stated above, at J. T		21. DATE OF DEATH
5. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade years  8. Trade protection, or perticular limit of work done, as \$PINNER, SAWRIE, BOOKEEPER, etc.  9. SAWRIE, BOOKEEPER, etc.  10. Date of country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANTE Country  18. BIRTHPLACE (city or town)  (State or country)  18. BIRTHPLACE (city or town)  (State or country)  19. J. Ideath was day to extarnal causes (VIOLENCE) fill in also the following:  22. HEREBY CERTIEY. That I eltended decaesed from 193. J. to have occurred on the date stated above, at J.T.m.  19. J. to have occurred on the date stated above, at J.T.m.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Month) (Day) (193
6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade profession, or perticular in the perti	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Sq.  If LESS than I day, hrs. or min.  8. Trade, profession, or perticular or min.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWILL, BAIK, etc.  10. Date deassand last worked at this occupation menth and year) min.  11. Total time (years) spent in this poccupation occupation.  9. Stele or country)  12. BIRTHPLACE (city or town)	(or) WIFF of was (d	22. HEREBY CERTIFY, That I ettended decased from
7. AGE Years Months by I It ESS than I day,		1 1 1 2 1 10 3 7 10 10 10 10 10 10 10 10 10 10 10 10 10
8. Trade, profession, or perticular kind of work dona, as \$PINNER.  SAWER, BONKEPER, etc.  1/3/3/  10-part were as follows:  Date of enset were as follows:  D		a di di
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Date donate was dona, as SPINNER, some worked at this occupation work was dona, as SPINNER, and the special profession work was dona, as SPINNER, some worked at this occupation work was dona, as SPINNER, some worked at this occupation.  10. Date donate worked at this occupation work was dona, as SPINNER, some work and the special profession work was dona, as SPINNER, some work was donated by the special profession work was donated by the special profession was donated by t	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Sind of work done, as \$PINNER.  SAWYER, BOOKEPER, etc.  10. Date decasal ass \$ILK MILL.  SAW MILL, BANK, etc.  10. Date decasal ass Virked at this occupation month end year?  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT.  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  10. Date of decasaed as a since which are since with the second and since with t	8 Trade profession or particular	were as follows:
year)	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Hemontoge (1/3/5)
year)	9. industry or business in which work was dona, as SILK MILL.	4-1-4-
year)	SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Began State  (Address) / 2		
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Sequence  (Address) 27 maple are  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address) 27 maple are  (Address) 27 maple are  (Address) 27 maple are  (Address) 27 maple are  (Address) 24. Wes disease or injury in any way related to occupation of deceased?  19. UNDERTAKER are are all and a sequence of deceased?  18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 27 maple are  (Address) 27 maple are  (Address) 27 maple are  (Address) 27 maple are  (Address) 28. Wes disease or injury in any way related to occupation of deceased?  19. UNDERTAKER are are all and	OIL:	Offia Contributery Causes of Importence:
What test confirmed diagnosis? Was there en autopsy? Where diagnosis? Was there en autopsy? Accident, suicide, or homicide? Date of injury, 19		Continue de la
What test confirmed diagnosis? Was there en autopsy? Where diagnosis? Was there en autopsy? Accident, suicide, or homicide? Date of injury, 19	13. NAME TWO LOUIS	Ceretral Herron Lac & 3 mm
What test confirmed diagnosis? Was there en autopsy? Where diagnosis? Was there en autopsy? Accident, suicide, or homicide? Date of injury, 19	THE TAR DIPTURE ACT (SHARE ACT)	Name of operation
15. MAIDEN NAME (olimate Color dutte Sarry 23. If death was due to external causes (VIOL ENCE) fill In also the following:  16. BIRTHPLACE (city or town)	(State or country)	(0) 0
(State or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  (Address)  Manner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  (Address)  (Address)  (Address)  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  (Address)  (Address)  (Address)  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)	15. MAIDEN NAME Colin about Barremore	
(State or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  (Address)  Manner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  (Address)  (Address)  (Address)  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  (Address)  (Address)  (Address)  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)	6 16. BIRTHPLACE (city or town) 7 min	
17. INFORMANTAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) /27 March Care  18. BURIAL, CREMATION, OR REMOVAL  Place Core / Core		Where did Injury occur?
(Address) /27 mobile are  18. BURIAL, CREMATION, OR REMOVAL  Place of light of the place of light of the place of light	17. INFORMANT Benjamin C. Stine	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Rose Ring Community  19. UNDERTAKER Carrier & Running Street Control of deceased Control of the Control o		<u></u>
19. UNDERTAKER learner & Curryshru 24. Wes disease or injury In any way related to occupation of deceased? 15  (Address) Reckeysly 11.  If so, specify	Rose Hill /6/22	Manner of Injury
(Address) Ruckeysley (mil. If so, specify	Place Date Jan 19	Nature of Injury
The specific state of the state		24. Wes disease or injury In any way related to occupation of deceased
20 FILED TIMES 1937 AT COMMENT (Signad) Truck Mind	(Address) Rockerplly mid.	If so, specify
a P	20. FILED 11 N. 3 , 193) ATUMNOUN	
Registrar. (Address U. Charles Street, Baltimore, Requesting U. S. No. 2.		

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E	cample I		Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	6	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	Calline a	July 5, 1927	Perilonitis	3 days ago		
	The state of the s					
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

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### STATE OF MARYLAND—CERTIFICATE OF DEATH

7	24	10	()	10
1	Car	U	J	U

1. PLACE OF DEATH	
County Mout gomery	Registration Dist. No. 223
Village or City Ta Kowa Park	No. Washington Southward Was either word
ITHIN CORPORATE LIMITS OF	death occurred in a hospital (s) institution, give its NAME instead of street and number)  2 ds. How long in U.S. If ol foreign birth?
2. FULL NAME + emberton Thacker	If U. S. Veteran, specify WAR
(a) Residence: No. 917 - 18 th	St., Ward. Washington DC  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH 3 , 193. 7
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. (Month) (Day) (Yéar)  22. (Month) (Day) (Yéar)
6. DATE OF BIRTH (month, day, end yeer) Feb. 1011898	1 last saw her alived on November 2, 1937 death is seld
7. AGE Yaars Months Days If LESS than 1 dey, 3 hrs.	to have occurred on the cale stated above, at 327 am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
_ R. Trade profession or particular	arcinoux of hixer with Date alanset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decassed last worked at this occupation (month and	1 Carsinomatosis
10. Date decaased last worked at this occupation (month and yaar) 24,153 spent in this occupation 124	
12. BIRTHPLACE (city or town) Big Stone Sap  (State or country) Vivaluia	Other Contributory Causes of Importance:
13. NAME Samvel W. Thecker  14. BIRTHPLACE (city or town) Albernarie Covern	Name of operation Date ol
(State of country) Virginia	What tast confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mary Rohlader	23. Il death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tet see level	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Washington Sanitarin Records (Address) Toxan Park Mid.	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Washing ton D. L.  Pieca Date N.W. 2 1932:	Manner of Injury
19. UNDERTAKER J. D. Vinces So.	Nature of Injury  24. Was disease or Injury In any way related to occupation of deceased?
20. FILED NW. 3. , 1937 - HANNIN WOLDS	(Signed) At the Musches M. D.
Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
T RUNGE Y S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I .

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1.	PLACE OF DEATH	(131)
	County Montg S-	Registration Dist. No. 218
		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2.	(a) Residence: No. Parthur Gruy hal	St. PR Tr Ward.
	(Usual place of a dode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S	PERSONAL AND STATISTICAL PARTICULARS  EX 4. COLOR OR RAGE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
7	emale White OR DIVORCED (write the word)	// /9 ,193-3/ (Month) (Day) (Year)
5a. 1	f married, widowed, or divorced HUSBAND of	22. ! HEREBY CERTIFY, That I ettended decessed from
-	(or) WIFE or Porcely promas	11-19 ,1937, to 11-19 ,1927
6. D	ATE OF BIRTH (month, day, end yeer)	i last saw h. A. alive on 11 - 18 1937; deeth is sai
7. A	GE Yeers Months Days If LESS than	to have occurred on the data stated above, at
18	83 62 7 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
ON	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usiere negativo zda
PA	9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc	"Youly saw her auce
OCCUPA	10. Date deceased last worked at this occupation (month end yeer)	at the time
12.	BIRTHPLACE (city or town) Varginia	Other Contributory Causes of importance: Chy My Dendits Rus
ER	13. NAME David. Kernes	che nephritis Pout
FATH	14. BIRTHPLACE (city or town)	Name of operation Date of
-	(State or country)	What test confirmed diegnosis? Was there an autopsy?
HER-	15. MAIDEN NAME Prances / serves	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
MOT	16. BIRTHPLACE (city or town) 2/a	Accident, suicide, or homicide?, 19, 19, 19
2	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	(Address) Jaillinbury Vice	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Jincoln Park Radbulle Mas Place Jincoln Pote how Z 2,198	Manner of injury
19.	UNDERTAKER & Configuration, (Address)	24. Was disease or injury in eny wey releted to occupation of deceesed?
	FILED Non 20 1937 abude & Gookel.	(Signed) The Lacker A. M.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	H K	J. SEA
NDING	MANEN' ACTL lassified.	1. PI  0  V  1. 2. Fi  6. DATE  7. AGE
BIL	EXEN EX	6. DATE
R	A F ted perl ifica	7. AGE
FO	IS sta pro	1/8
MARGIN RESERVED FOR BINDING	N. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOND. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	OCCUPATION 8.
Z	DIN A so t so t	12. BIRT
MARGI	r UNFAI supplied. in terms,	13. F
	TEY, WIT e carefully VTH in pla	12. BIRT (    13.     14.     14.     15.     16.     17.   INFO (   18.   BURI   19.   UNOR
	LAIN uld be F DEA	17. INFO
	sho	18. BURI
No. 1	mation CAUSI TION	19. UNOE
V. S. No. 1	ZU Z	20. FILE

S	TATE O	F MARY	LAND-	CERTIFICATE OF DEATH	2092
1. PLACE OF DEA	TH			(J31)	
County Mail	taomen	Cour	ite	Registration Dist. No. 2/	1
Village or City	Clerens		6	No Moutgomery County Leweral Stra	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	(1	(1)	death occurred in a bepital or institution, give its NAME instead of street and	
Length of residance in ci	ity or town where de	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs,m	osds.
2. FULL NAME	Walter	Thon	ae	If U. S. Veteran, specify WAR	
(a) Residence: No.	Sandy	Spring	. mare	last Ward.	
		(Usual place		If nonresident give city or town and	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	R OR RACE	5. SINGLE, MARK OR DIVORCED	(white the word)	21. DATE OF DEATH	~
male Co	local.		oured.	(Month) (Day)	_, 193(Year)
5a. If marriad, widowed, or divo	rced	4		M. LINED EDV CEDELEY THE	
(or) WIFE of Je	annie	Thon	rae.	1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, da	· · · · · · · · · · · · · · · · · · ·	20v. 16	1875	I last saw h 1 m aliva on MM. 21 19.3/	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated abova, at 2. A.m.	- ; nearn 12 2ain
69	0	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8. Trade, profession, or po	articular	(1)	ormin.	Chronic interstitual	Date of onset
kind of work done, SAWYER, BOOKKEE	as SPINNER,	Farm	er	nephritis with for betourie	11
9. Industry or business in	which	4.		The factories of the second	unun
work was dona, as SAW MILL, BANK,		Fari			
10. Oate decaased last wor this occupation (mo year)	rkad at nth and and and	11. Total tii	na (years) t in this 50 pation		
year)	195/	occu	pation	Other Contributory Causes of Importance;	-
12. BIRTHPLACE (city or town)	Sauce		rung	Cerebral hemserhan	11-22-3
(State or country)	-	Mary	larell.	8	
13. NAME	her Ih	omak			
14. BIRTHPLACE (city or to	own)			Name of operation Date of	
(Stata or country)	0	marylan	ed	What test confirmed diagnosis? Examinations Was there an	autopsy? 720
15. MAIOEN NAME	engalin	& Lee	w	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME  16. BIRTHPLACE (city or to	own)			Accident, suicide, or homicida? Date of injury	
(State or country)	,	Maryla	el	Where did Injury occur?	
	aspital	reads	<u>/:</u>	(Specify city or town, county and Sta Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address)  18. BURIAL, CREMATION, OR I	EMOVAL /	0 1			
Place Secrets V	luce le	Costs don't	24 1937	Manner of Injury	
	111	1	4 .	Nature of injury	
19. UNOERTAKER COM	15	Jugar	ac o	24. Was disease or Injury In any way related to occupation of deceased?	
(Address)	coe	0.00	Man .	If so, spacify	
20. FILEO. 720v. 24.	1937 C.	8. Bam	sleep	(Signad)	M. D.
			Begistrar.	(Address) Darldy Spring, M	asyland
	If more b	lanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF	DEAT
1. PLACE OF DEATH		(Pro	

1. PLACE OF DEATH	(PD)
County Moutgomery	Registration Dist. No.
Village or City Jakanna Park	No. Washington Sanitarium + Hosestal Ward
(1)	f death occurred in a hospita prinstitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredf_yrs,mo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME My Quare 1- Aprilla	
(a) Residence: No. 327 Queland Que. 1	akosma Parward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED,	21. DATE OF DEATH
male white Marry of	Mareher 12, 193 7
5a. If married, widowed, or divorced	(month) (bay) (tear)
HUSBANO of (or) WIFE of	22. i HEREBY CERTIFY, That I attended deceased from
(mrs.) Mary Littletts	193/, to Korealley /2), 19 8/
6. DATE OF BIRTH (month, day, and year) Cyrel 16, 1871	I last son alive on Restructive 11, 19 8.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at L. 30 A.m.
66 6 26 1 day,hrs.	make as fullows.
Z (8. Trade, profession, or particular	Be Just of left Cerebruse Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I go Duration! approximately four years
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Judistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc. July business	
spantin this //	1000040007
year) ()-01-25, 19-5   occupation 40	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Nymestation Consisting
(State or country) Mains	Elidocarditis
# 13. NAME Edward Tibbetta	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Mains	What test confirmed diagnosis? Yeurs 144 Was there an au'opsy?
IS. MAIDEN NAME Wilder ?	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME ?	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
1) A · A / Time / Recon	(Specify city or town, county and State)
(Address) Takal Rank Ma.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	At
Place Washington DC Date 1/12 1937	Manner of injury
1/2/2/	Nature of injury.
19. UNOERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) 290/- 14 - 11 - 11 - 11 - 11 - 11 - 11 - 11	If so, specify
20. FILED // 12 P STUM DOUL	(Signed)
Registrar	(Address) // Cause (IAL) (akan fak)

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Land Control				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		920	
Village or City / Color	ma Parks	No. 230 Mayble U.S., St., f death occurred in a horpital or institution, give its NAME instead of street and	2.3 - Ward
Length of residence in city or town where	death occurredyrs, _3mos	ds How long In U.S. it of foreign birth?yrsn	nosds.
2. FULL NAME Will	liam q. W	Turner	
(a) Residence: No. 230	(Usual place of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 <b>7</b>
5a. It married, widowed, or divorced HUSBAND of (or) wife of	urner me 11, 1971	22. I HEREBY CERTIFY, That I attended	
7. AGE Years Months	Days It LESS than	to have occurred on the data stated above, at/o: 43-	-; death is said
8. Trade, protession, or particular	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fahmer	oras - security	- 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Dato deceased last worked at this occupation (month and	11, Total time (yaars)		
12. BIRTHPLACE (city or town)  (State or country)	spent in this 38 yrs	Other Contributory Causes at Importanca:	new.
13. NAME Samuel	Turner		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Titd	Name of operation Date of What test confirmed diagnosis? Was there an	suionev?
15. MAIDEN NAME Lula	Feigear	23. If daath was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Jula D  16. BIRTHPLACE (city or town)  (State or country)	Md.	Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT Mrs Pra (Address) 230 Mable	are. Tohoma Chilo MI	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	le) .ACE.
18. BURIAL, CREMATION, OR REMOVAL, Place. Olney and	Date 2018, 1937	Manner of injury	
19. UNDERTAKER N. Jr. Chamles (Address) 1400 hafar	res 80 Hack D. C.	24. Was disease or injury in eny way related to occupation of deceased?  If so, specity	20
20. FILED /1- /6 , 1937	TUMM DELAM	(Signey) / G / / (Sd )	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

ation should be carefully supplied.

WRITE PL.

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

A PERMANENT RECORD. Every item of infor-

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22 (19)(EA)(1 A), SA (1)				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V

_	1/9	
(II d	No. Most games County Security death occurred in a hoppital or institution, give its NANE instead of street and do. How long in U.S. if of foreign birth?	No Award
L		0505.
	If U. S. Veteran, specify WAR	********
1	If nonresident give city or town and	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH  Morenster  (Month)  (Day)	., 193. 7 (Year)
	22. I HEREBY CERTIFY, That t attended Och 31, 1931, to Moreunder	
	I last saw h.Z. alive on	_; death is said
1	to have occurred on the date stated above, at 12 p.m.	
irs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
	Tasho interite.	10/7/27
		10.01
		-
	Other Contributory Canses of importance:	
	De by diolion	10/25/37
	Neme of operation Dete of	
	Whet test confirmed diegnosis? Exau Wes there an	
	23. If death wes due to externel causes (VIOLENCE) fill in also the followin	
	Accident, suicide, or homicide? Date of Injury	
	Where did injury occur?	
	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ite) .ACE.
>	Manner of injury	
	24. Was disease or injury in any way related to occupation of deceased?	
	If so, specify	
	(Signed)	M. D.
	(Address) Sandy Spring , mo	2

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	and Jus	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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